Strategic mapping of institutional frameworks and their approach to equity
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Mapping exercise conducted to inform the implementation of the Health Equity Status Report initiative (HESRi) of the WHO Regional Office for Europe
Abstract
International organizations within the health sector, as well as in other policy areas that are of relevance to the distribution of health inequities in society, pursue different approaches towards equity and equality. For example, equity may be expressed with regards to access to services, resources and opportunities; to levels of exposure and vulnerability to risk; or as a social value in itself, and a root factor contributing to other societal benefits. This report analyses a series of selected policy frameworks that guide the work of key institutions from within and outside of the health sector, including United Nations agencies, international and regional organizations, and national governments. The analysis elucidates the position of these stakeholders with regards to equity objectives, as expressed in their institutional frameworks. In doing so, the report aims to provide an insight into the institutional policy context of health equity in the WHO European Region, highlighting factors that may potentially enable, support or hinder the establishment of collaborations among selected institutional partners for the implementation of the Health Equity Status Report initiative of the WHO Regional Office for Europe.

Keywords:
HEALTH EQUITY
SOCIAL DETERMINANTS OF HEALTH
HEALTH POLICY
INSTITUTIONAL FRAMEWORK
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<tr>
<td>CES</td>
<td>Conference of European Statisticians</td>
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<tr>
<td>ECOSOC</td>
<td>United Nations Economic and Social Council</td>
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<td>EU</td>
<td>European Union</td>
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<td>GPW</td>
<td>General Programme of Work</td>
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<td>HESR</td>
<td>Health Equity Status Report</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>LMICs</td>
<td>low- and middle-income countries</td>
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<td>NCDs</td>
<td>noncommunicable diseases</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>THE PEP</td>
<td>Transport, Health and Environment Pan-European Programme</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNECE</td>
<td>United Nations Economic Commission for Europe</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
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<tr>
<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<td>WBG</td>
<td>World Bank Group</td>
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Chris Brown, Head of the WHO Venice Office, is responsible for the strategic development and coordination of the HESRi. Development of the initial framework was guided by the external Scientific Expert Advisory Group to the WHO European HESRi.

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Executive summary

In 2012, the endorsement by Member States of the European health policy framework, Health 2020, set two strategic priorities that would lead the work of the WHO Regional Office for Europe in the years to come: the reduction of health inequities and the improvement of governance for health. Political commitment to reducing inequalities was also placed at the heart of the 2030 Agenda for Sustainable Development, adopted in 2015.

Guided by these normative frameworks and as part of its efforts to promote action on health equity across the WHO European Region, the WHO Regional Office for Europe launched in 2018 the Health Equity Status Report (HESR) initiative. Its objectives are twofold: to improve the evidence available by establishing a baseline for monitoring health equity outcomes within countries and areas; and to set up an agenda to scale up action on health equity across the Region within countries and areas.

This strategic mapping exercise contributes to the second objective of the HESR initiative. Its overarching aim is to provide insight into the institutional policy context for health equity in the WHO European Region, highlighting factors that may potentially enable, support or hinder the establishment of collaborations among institutional partners for the implementation of the HESR initiative. In order to do so, a rapid analysis has been conducted of strategic and policy frameworks that guide the work of key institutions from within and outside of the health sector, which are deemed relevant for the reduction of health inequities in the European Region. These include a total of 15 frameworks from United Nations agencies, international and regional organizations, and national governments.

The mapping uses normative documents as the subject of analysis, acknowledging their relevance as instruments for accountability. The selected institutional frameworks include commitments to which signatories – countries and/or intergovernmental organizations – have agreed. Understanding the implications of such commitments for health equity, as well as the potential synergies and divergencies among them, is essential to inform institutional partnerships that work towards the achievement of health equity as a shared objective.

For these reasons, this mapping seeks to elucidate the position of the selected stakeholders with regards to equity objectives, as expressed in their written frameworks. Stakeholders are grouped according to their approach towards equity and equality, as well as the policy areas in which action to reduce inequities is prioritized. For example, while most United Nations agencies with a universal mandate pursue a blended approach towards equity, other stakeholders, such as national development cooperation agencies, target particularly countries and areas that are considered in need, and which are also aligned with their national foreign policy interests. In addition, the analysis examines the various ways in which health equity objectives are expressed across frameworks. Equity is more frequently expressed with regards to: access to services, resources and opportunities; levels of exposure and vulnerability to risk; or as a social value, and as a root factor contributing to other societal benefits.
Introduction

Both health and non-health sectors play a central role in the attainment of health equity goals, as emphasized in the social determinants of health and Health in All Policies agendas, as well as in the European health policy framework Health 2020, and the 2030 Agenda for Sustainable Development. In addition, globalization contributes to the blurring of boundaries across levels of governance, thus increasing the interdependence and potential impact on health equity of policies and interventions undertaken at global, regional, national and subnational levels. For these reasons, this mapping exercise provides an overview of the main approaches to equity pursued by selected institutions across various sectors and levels.

This strategic mapping is not intended to assess the relative contribution of stakeholders to health equity objectives. Its goal is rather to conduct a rapid analysis of their expressed approaches to equity in order to inform the identification of potential synergies and opportunities for collaboration in the context of the implementation of the HESR initiative.

Given the large number of actors involved across sectors and levels, the mapping does not offer an in-depth analysis of any particular institution, but rather outlines the main approaches used in the key strategic frameworks selected from a handful of stakeholders. Only governmental organizations have been selected for the analysis. Nevertheless, the selection includes institutions that operate at international, regional and national levels of governance, with the aim to reflect to the fullest extent possible the broad diversity of governmental actors that operate in the health arena.

The mapping exercise has been prepared by the consultant Sara Barragán Montes with the strategic input of Chris Brown, Head of the WHO European Office for Investment for Health and Development, and coordinator of the HESR initiative. It also includes feedback received after the presentation of its results at the meeting of the Scientific Advisory Expert Group of the HESR initiative, held on 6–8 November 2018 in Copenhagen, Denmark.

Objectives

The main objectives of the mapping exercise are to:

- provide a rapid analysis of the institutional context of the WHO European Region with regards to health equity-related issues, in order to inform the implementation of the HESR initiative;
- identify potential synergies that may lead to opportunities for collaboration among institutional partners for the implementation of the HESR initiative at regional level and/or in specific countries and areas of the WHO European Region;
- inform consultations and discussions with key stakeholders throughout the development and implementation of the HESR initiative, including high-level meetings with government representatives and consultations with other stakeholders.
Structure

To conduct the strategic mapping, a total of 15 strategic and policy frameworks have been selected, belonging to WHO and other institutional partners of strategic interest for this organization. Selected stakeholders include United Nations agencies, international and regional organizations, and national governments. A series of questions (outlined in the Methodology) have been drafted for the analysis. An in-depth reading of the selected frameworks has been conducted to answer each question, the results of which are summarized under the following subsections:

- strategic approaches to equity and equality
- countries and areas involved and targeted
- priority policy areas identified for inequity and inequality reduction
- expressions of equity and equality used
- mechanisms outlined to review progress
- foreseen collaboration with WHO and/or the United Nations.

Finally, potential synergies and opportunities for collaboration have been summarized and organized according to the five policy areas of the HESR initiative: (i) health services; (ii) living environments; (iii) personal and community capabilities; (iv) employment and working conditions; (v) income and social protection.

Limitations

The main constraint on this rapid mapping is posed by the need to set limits to its scope given the great number of actors who are relevant to the health equity agenda across levels and policy areas. The selection of stakeholders has been made by taking into consideration their relevance to the work of WHO on health equity in the European Region, and accounting to the greatest extent possible for the large diversity of profiles among the actors involved.

Moreover, further limitations in the selection of national development cooperation strategies are posed by the fact that governments often do not make these documents publicly available; and, when they do, these are sometimes published in the original language exclusively. Only strategic and policy frameworks available in English have been included in the analysis.

Additionally, only one strategic framework has been used for several institutions, given the time constraints of the exercise. Whenever possible, the highest-level governing framework has been used. The analysis of these documents may reveal the approach to equity taken at the highest normative level within these institutions. However, it must be acknowledged that such analysis cannot be considered a thorough representation of the approach to equity used by such institutions as a whole. Further exercises may complement these findings through an in-depth analysis of each institution, using a more comprehensive list of strategic, policy and programmatic documents.
Mapping of institutional frameworks

Methodology

A variety of strategic and policy frameworks have been selected to conduct the content analysis, which are listed below. The selection is not intended to be a comprehensive list, but rather to reflect the wide range of international, regional and national governmental and intergovernmental actors whose work is of relevance to the health equity agenda in the WHO European Region. The objective of the policy content analysis is to examine the different approaches towards equity and equality pursued across these frameworks, with the aim of identifying synergies and informing potential collaborations for the implementation of the HESR initiative.

In addition to frameworks guiding the work of key United Nations agencies, and international and regional organizations, the analysis includes several development cooperation strategies from national governments, given the increasing role of European countries as development partners beyond their borders. Although the analysis of the latter focuses on development cooperation, it is relevant to note the merging of development and humanitarian aid strategies into one single overarching policy document, as a result of the increasing blurring of lines between these two types of assistance.

United Nations agencies

i. The 2030 Agenda for Sustainable Development (1) was adopted by all 193 countries at the United Nations Sustainable Development Summit in September 2015 to guide global developmental efforts for the following 15 years.

ii. WHO’s 13th General Programme of Work (GPW) (2) is intended to guide the work of the United Nations specialized agency for health for the period 2019–2023.

iii. The United Nations Development Programme (UNDP) Strategic Plan (3) covers the period 2018–2021.

iv. The International Labour Organization (ILO) Strategic Plan (4) guides the organization’s work for the years 2018–2021.

v. The latest World Bank Group (WBG) Strategy (5) was adopted in 2013 to align the work of the group with the sustainable path agreed throughout the discussions leading to the adoption of the Sustainable Development Goals (SDGs).

vi. The Strategic Framework of the United Nations Economic Commission for Europe (UNECE; the regional commission for Europe under the United Nations Economic and Social Council (ECOSOC)) (6) is the organization’s principal policy directive.

International and regional organizations

i. Several papers were developed by the International Monetary Fund (IMF) on financing for development: one produced in 2015 to revise the 2002 Monterrey Consensus1 and align it

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1 The Monterey Consensus was the outcome of the United Nations International Conference on Financing for Development (the Monterrey Conference), held in Monterrey, Mexico on 18–22 March 2002.
with the SDGs (7); the 2015 IMF Staff Discussion Note on IMF policies providing support to the SDGs (8); and the 2016 IMF Staff Discussion Note on the fiscal, macroeconomic and financial implications of climate change (9). Previously, a statement from the IMF’s Managing Director on the role of the IMF in addressing climate change had been published in 2015 (10), and a policy paper on fiscal policy and income inequality produced in 2014 (11).

ii. The European Pillar of Social Rights (12) was agreed by European Union (EU) leaders at the Social Summit for Fair Jobs and Growth in Gothenburg, Sweden in November 2017, with the aim to strengthen the social dimension of the EU.

iii. The EU Action Plan for the Circular Economy (13) was adopted by the European Commission in 2015 to support the EU’s transition to maintaining the value of products, materials and resources in the economy for as long as possible, while boosting a sustainable, low-carbon, resource-efficient, and competitive EU economy.

iv. The EU’s Debt Sustainability Monitor 2017 (14) consists of an annual analysis produced by the European Commission on the main fiscal sustainability challenges being faced by EU countries over the short, medium and longer term, and underpinning EU economic policy-making.

National governments

i. Denmark’s Strategy for Development Cooperation and Humanitarian Action was produced in 2016 (15).


iii. The International Development Cooperation Strategy and Strategic Concept for International Humanitarian Aid of Hungary 2014–2020 was approved by the Hungarian Government in March 2014 (17).

iv. Poland’s Multiannual Development Cooperation Programme 2016–2020 was adopted by the Council of Ministers of the Polish Government on 6 October 2015 (18).

v. The Dispatch on Switzerland’s International Cooperation 2017–2020 was published in 2016 (19).

All strategic and policy frameworks analysed have been endorsed by their respective governing bodies, except those produced by the IMF. The selected IMF discussion notes are produced by the staff of the organization to inform the discussion of the IMF Executive Board, but they do not reflect the views of the Board or the IMF’s Managing Director.

It is important to note that the aim of this policy content analysis is not to assess the effectiveness of the above-mentioned stakeholders in the attainment of equity and equality, but rather to analyse their expressed intentions towards these goals, in order to identify synergies and inform potential collaborations. The extent to which the selected strategic and policy frameworks are implemented in ways that effectively contribute to the reduction of inequities is therefore outside the scope of this analysis.

Seven questions have been used for the collection of information across frameworks. These questions have been formulated both in positive and negative terms (i.e. with regards to the
attainment of equity/equality objectives, as well as to the reduction of inequity/inequality. It is acknowledged that conceptual distinctions exist between the terms inequalities and inequities, with the latter referring to those differences in access to services, resources or opportunities that are avoidable. However, these terms are often used interchangeably across frameworks. For this reason, both have been used in the analysis, as reflected in the questions used.

**Q1:** Does the strategic or policy framework take a universal, targeted, or blended approach to the attainment of equity/equality and/or the reduction of inequities/inequalities? Does it address inequities/inequalities among and/or within countries?

Universal approaches are those that target the entire population in equal terms, whereas targeted approaches direct action specifically towards population groups that are in situations of vulnerability or disadvantage. Blended approaches, such as proportionate universalism, target the entire population, but in such ways that action and resources are allocated according to the different levels of disadvantage across the subgroups within a population (20). Furthermore, while some strategic and policy frameworks may focus on addressing inequities both among and within countries and areas, others may prioritize one or the other.

**Q2:** What countries/areas have signed up to the strategic or policy framework?

Countries and areas are often committed to implementing a variety of strategies and policies that are designed by different actors and endorsed at multiple levels.

**Q3:** Are there any countries/areas specifically targeted by the strategic or policy framework?

Strategic and policy frameworks designed by United Nations agencies, international and regional organizations may prioritize specific contexts, countries/areas or subregions. In addition, governments may also target specific third countries and areas through their development cooperation strategies.

**Q4:** What policy areas are prioritized for the attainment of equity/equality and/or the reduction of inequities/inequalities?

Health inequities may be the result of unequal access to or distribution of services, resources and opportunities in the areas of health care, employment, education, housing, or social protection services, among others. Furthermore, unequal levels of human security may result in different degrees of vulnerability and exposure to adverse effects from, for example, climate change or energy crises, thus leading to inequities in health outcomes. As a consequence, health equity objectives may be pursued across multiple policy areas. Findings from this question are reported according to the five policy areas identified in the HESR.

**Q5:** How is equity/equality and/or inequity/inequality expressed?

Equity objectives are often expressed differently across policy areas. In the frameworks analysed, they are defined in terms of equity in access to services, resources and opportunities; equity in the enjoyment of human rights; equity in levels of exposure and vulnerability to risk; or equity of outcomes. Equity is also expressed as a social value and as a root factor contributing to other societal benefits. Lastly, it is also recognized as an organizational value.
Q6: Are there any consultations or dialogues planned for the review and evaluation of progress?
Strategic and policy frameworks often include a plan to evaluate progress against the achievement of their objectives, which may include the participation of implementing partners.

Q7: Does the strategic or policy framework envisage collaboration with the United Nations and/or WHO?
Collaboration with WHO and other United Nations bodies may be envisaged depending on the policy area of focus. The 2030 Agenda, and particularly SDG 17, have revitalized the establishment of global multistakeholder partnerships for sustainable development.

Summary of results
Findings from the institutional analysis that are relevant to the work on health equity in the WHO European Region are summarized in the subsections that follow in relation to the seven questions outlined above. Results are reported for the different categories of actors whose frameworks are analysed, including United Nations agencies, international and regional organizations, and national governments.

Strategic approaches to equity and equality

Blended approaches
The 2030 Agenda and the strategic frameworks of WHO, UNDP and ILO take a blended approach towards equity and equality, both within and among countries and areas. On the one hand, these frameworks are universal in their scope, as they apply to all countries/areas and people. On the other, they recognize the existence of inequities between and within countries and areas as one of the main obstacles to the pursuit of their objectives. To address this, they include specific goals and targets that are explicitly directed towards countries/areas and population groups in situations of vulnerability or disadvantage.

Combating inequality between and within countries is one of the central objectives of the 2030 Agenda, which prioritizes action among groups in situations of vulnerability, including children, youth, people with disabilities, people living with HIV/AIDS, older individuals, indigenous people, refugees, internally displaced people, and migrants (1).

In line with the SDGs and the WHO Constitution, equity is highlighted as a central value in the WHO GPW to ensure that no one is left behind. Equity is included as one of the strategic foci guiding the work of WHO’s leadership, together with gender equality and human rights. Along these lines, the GPW states that equity should be used as a lens to guide all the work of the Organization, which should aim ultimately to reduce health inequities both within and between countries. The motto of the GPW reflects this blended focus, combining both universal and targeted approaches: “promote health, keep the world safe, serve the vulnerable” (2).

The blended approach of UNDP’s Strategic Plan is reflected in its three overarching principles: universality, equality and leaving no one behind. Special attention is paid to the eradication of poverty, reaching first those furthest behind, together with the acceleration of structural transformations for sustainable development and building resilience to crises and shocks (3).
Similarly, the ILO’s Strategic Plan takes a blended approach towards equity: its scope is universal, aiming at the provision of decent work for all, but includes targeted measures to attain its social justice objectives. In this regard, the plan is highly interrelated with SDG 1, which seeks to eliminate poverty, as its vision is that no man or woman performing full-time work should receive an income that keeps them below the poverty line. To realize this goal, ILO sets priorities and resources on the basis of its contribution to social justice by targeting people that are most disadvantaged and vulnerable first, such as communities living in poverty, those in situations of conflict and fragility, along with those who suffer violations of fundamental rights and freedoms (4).

As a result of the process of aligning the work of the IMF to the attainment of the SDGs, the IMF has adopted a holistic approach to growth, which includes three main dimensions: sustainable development, inclusive growth, and environmental sustainability. Within these dimensions, the IMF also takes a blended approach towards equity and equality, as action is directed towards all countries and areas worldwide, but targeted measures are designed for those countries and areas and population groups that are in situations of vulnerability and disadvantage (8). Nevertheless, the IMF focuses on equity reduction only when such efforts are relevant to macroeconomic growth, in accordance with the mandate of the organization (7).

The approach of the European Pillar of Social Rights towards equity and equality may also be categorized as blended, since it aims to promote equal opportunities for all citizens of the EU, but prioritizes action targeted towards those populations in situations of vulnerability or disadvantage, such as youth, women or migrant populations (12).

The EU Debt Sustainability Monitor 2017 does not make explicit reference to the potential consequences of fiscal policies on levels of inequity within countries. However, it draws attention to the differences in fiscal health across EU countries. In this regard, it takes a blended approach towards equity among countries, as it examines all 28 EU Member States, but prioritizes action in those that are found to be most at risk of fiscal stress across the short, medium and long term (14).

**Targeted approaches**

The approach of the WBG towards equity may be described as targeted, since it focuses its work particularly on developing countries and areas (5). However, as explained further in the following subsections, the reduction of inequity within countries and areas is not included within the objectives of the WBG’s current strategy.

All the national development cooperation strategies analysed pursue a targeted but selected approach towards equity and equality among and within countries and areas, meaning that they commit their resources to action directed towards populations in need but in ways that their national and foreign policy interests and objectives are met. In this regard, national policy interests are prioritized over the assessment of need in the selection of target countries and areas.

The strategies of Denmark, Estonia, Hungary, Poland and Switzerland follow this targeted but selected approach towards equity. Furthermore, the development cooperation strategies of both Hungary and Switzerland mention explicitly the reduction of global inequalities as one of their ultimate goals (15–19).
Universal approaches
The objective of the UNECE’s 2018–2019 biennium is to promote a policy, financial and regulatory environment conducive to the sustained economic growth, innovative development and greater competitiveness of economies in the UNECE region. The reduction of inequities within and among countries and areas is not included among the primary objectives of the UNECE. However, the impact on equity and equality is considered in several of its flagship projects, as well as in the framework of their contribution towards the attainment of several SDGs, particularly SDG 5 on gender equality. For this reason, the approach towards equity taken by the UNECE may be classified as universal (6).

Lastly, although the EU Action Plan for the Circular Economy does not consider equity among its policy objectives, its sustainable development efforts aim indirectly to improve access to employment by creating jobs at all skill levels, and promoting opportunities for social integration and cohesion. These efforts are universally directed towards all EU countries (13).

Countries and areas involved and targeted

2030 Agenda
The SDGs were agreed upon by 193 countries at the United Nations Sustainable Development Summit in September 2015. In accordance with its universal scope, all countries are called upon to implement the SDGs. Nevertheless, several goals prioritize action in contexts of fragility, vulnerability and disadvantage (1).

WHO’s 13th GPW
WHO’s 13th GPW was unanimously endorsed by the WHO Executive Board in its 142nd session in January 2018, and approved by the World Health Assembly in its 71st session in May 2018. It therefore applies to all 193 countries and two Associate Members. In accordance with its universal scope and blended approach, all countries are targeted by the GPW, although action is prioritized in vulnerable settings (2).

UNDP’s Strategic Plan
The UNDP’s Strategic Plan was approved by the Executive Board of the UNDP, the United Nations Population Fund (UNFPA) and the United Nations Office for Project Services (UNOPS) – comprising 36 Member States – at its special session of November 2017 in New York. In accordance with its universal scope, the Strategic Plan targets all countries and areas worldwide, although action is prioritized in specific areas and the most vulnerable settings to comply with its guiding principles of equality and leaving no one behind (3).

ILO’s Strategic Plan
The Strategic Plan was approved by ILO’s Governing Body in November 2016 in Geneva, Switzerland. The Governing Body is composed of 84 regular and 84 deputy Member States, representing all 187 Member States that are part of ILO’s membership. The Strategic Plan of ILO is universal in scope, targeting all countries; however, its priorities are directed primarily towards population groups in situations of vulnerability and disadvantage, including those who find themselves in situations of conflict and instability, and those who suffer violations of fundamental human rights and freedoms (4).
**WBG Strategy**
The WBG’s membership is composed of 189 countries and areas, but its actions are targeted towards developing countries and areas specifically. The Strategy targets developing countries and areas in the frame of its two strategic objectives; however, it does not mention any particular countries/areas or regions (5).

As per the country/areas programme snapshots available on its website, the WBG in the WHO European Region focuses on countries and areas including Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan (21), as well as on Kosovo.²

**UNECE Strategic Framework**
UNECE’s membership is composed of 56 Member States, all of which belong to the northern hemisphere. Member countries include those in Europe, North America (Canada and the United States of America), central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and Israel. However, all interested United Nations Member States can participate in the work of the UNECE. In addition, over 70 international professional organizations and other nongovernmental organizations (NGOs) participate in its work. The majority of the UNECE’s projects analysed focus their efforts in eastern and south-eastern Europe, the Caucasus and central Asia (6).

**IMF policy papers**
IMF membership comprises 188 Member States. IMF surveillance activities are conducted worldwide. The IMF’s work on environmental sustainability targets high-income countries as well as low- and middle-income countries (LMICs) and areas, whereas its work on economic transformation and inclusiveness – such as through the provision of technical assistance and training, and lending services – targets specifically LMICs and areas (8). Around 80% of the IMF’s technical assistance work takes place in sub-Saharan Africa and Asia (22).

The IMF conducts its technical assistance work in countries and areas through regional capacity development centres. The oldest of these centres is the Joint Vienna Institute, established in 1992 jointly with the Austrian Government. Its target countries and areas are from central, eastern and south-eastern Europe, the Caucasus and central Asia. In addition, the IMF – jointly with the Georgian Government – has established the Georgia Training Program, which aims to increase training for eight Caucasus and central Asian countries and areas (23).

**EU policy frameworks**
The European Pillar of Social Rights and the EU Action Plan for the Circular Economy apply equally to all 28 EU Member States (12, 13). The EU Debt Sustainability Monitor covers all EU countries, but actions are emphasized for those found at risk of fiscal stress (14).

**National development cooperation strategies**
Denmark’s Strategy for Development Cooperation and Humanitarian Action identifies three categories of priority countries, aiming to cover both global needs and Danish interests: poor, fragile countries and regions characterized by fragility; poor, stable countries; and transition and growth economies. The latter include middle-income countries, such as Georgia and Turkey.

² For the purposes of this publication, all references, including in the bibliography, to “Kosovo” should be understood/read as “Kosovo (in accordance with Security Council resolution 1244 (1999))”. 

In addition, Denmark has two high-priority regional initiatives, one of them within the WHO European Region: the Danish Neighbourhood Programme, which covers the EU’s neighbouring countries to the east and south-east, focusing particularly on Georgia and Ukraine, and on the areas of promotion of human rights and democratization, as well as inclusive and sustainable growth (15).

The Strategy for Estonian Development Cooperation and Humanitarian Aid 2016–2020 identifies Georgia, the Republic of Moldova and Ukraine as priority countries for long-term cooperation, for which bilateral country strategies have already been developed. Action in these countries focuses primarily on supporting EU integration and related reforms. The Estonian Center of Eastern Partnership is highlighted as a strategic partner in this endeavour. Furthermore, Belarus is mentioned as an additional partner for long-term cooperation, particularly in the areas of small business development, education and information technology. Lastly, assistance to central Asian countries and areas is included, as a preferred region for the provision of resources, should the need arise (16).

Hungary’s development cooperation approach prioritizes countries and areas eligible for official development assistance in the western Balkans and eastern Europe, where action focuses mostly on supporting efforts for EU accession, consolidating democratic institutions, and strengthening civil society and social cohesion (17).

Priority countries in Poland’s Multiannual Development Cooperation Programme 2016–2020 include two main groups, one of which targets specifically countries from the WHO European Region: the Eastern Partnership Programme. These include Belarus, Georgia, the Republic of Moldova and Ukraine. In addition, it includes two flagship initiatives in the Region: the Eastern Partnership Academy of Public Administration, tasked with providing training for public administration staff in Eastern Partnership countries on the principles of democracy, rule of law, and modern economy; and the Information Centre for Local Authorities in the Republic of Moldova, aimed at supporting local authorities, NGOs and other groups in the country to strengthen local democracy (18).

Switzerland’s development cooperation work in the European Region focuses on the provision of transition assistance in eastern Europe. The main objectives are to provide support to former communist countries on their path to democracy and a social market economy. Target countries include Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia, Ukraine, Tajikistan and Uzbekistan (19).

Priority policy areas for reducing inequity and inequality

The majority of the strategic and policy frameworks analysed operate in multiple areas. In addition, most reflect the high interconnection among these, as actions that fall within the scope of one area may act as underlying factors driving or hindering progress in other areas. For instance, a policy aimed at reducing inequities in access to employment may also have a positive impact in terms of the improvement of living conditions, through its contribution to building more peaceful, just and inclusive societies.

However, while the policy objectives of each framework fall within the scope of multiple or all of the five policy areas, not all apply an equity perspective. The results reported in the following subsections do not include all the policy areas that fall within the scope of the frameworks
analysed, but rather highlight the main policy areas in which equity objectives are prioritized in each framework.

Relevant findings are reported according to the five policy areas identified in the HESR: (i) health services; (ii) living environments; (iii) personal and community capabilities; (iv) employment and working conditions; and (v) income and social protection.

SDGs 10 and 17 in the 2030 Agenda deserve distinct mention, as their equity objectives have an impact on all five policy areas. SDG 10 aims to reduce inequality both within and among countries. SDG 17 focuses on strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development. To enable the measurement of progress on equity reduction across all goals, SDG 17 (Target 18) calls for the enhancement of capacity-building to allow countries to report on data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts (1).

**Health services**

Equity considerations in relation to health services are included in the SDGs (SDG 3), WHO’s 13th GPW, and the development cooperation strategies of Denmark and Switzerland.

SDG 3, dedicated to ensuring healthy lives and promoting well-being for all at all ages, does not include explicitly the reduction of health inequities as a policy objective. However, it does include targets designed to achieve progress affecting the poorest countries and population groups, such as the reduction of neonatal mortality and mortality of children aged under 5 years (1). Achieving these targets would therefore contribute to the reduction of equity gaps both between and within countries.

In addition, some of the indicators agreed for measuring progress on SDG 3 targets include the disaggregation of data by age, gender, and socioeconomic group, thus making it possible to account for improvements towards health equity within countries. However, these indicators relate only to a few targets, such as the rate of new HIV infections, or the coverage of essential health services (1).

Improving equity in access to health services is included as an explicit objective in the strategic priority of achieving universal health coverage in WHO’s 13th GPW (2).

Sexual and reproductive health is highlighted as a priority area for achieving gender equality in the work stream of freedom and development, within Denmark’s development cooperation strategy (15). Furthermore, within the transition assistance offered by Switzerland to eastern European countries, the area of health care is prioritized, with the aim of improving equity in access to health services. Action focuses particularly on the areas of preventive health care, noncommunicable diseases (NCDs), and strengthening health care systems (19).

**Living environments**

Equity with regards to living environments is included as a policy objective in the SDGs (goals 1, 2, 9, 11, 15 and 16), WHO’s 13th GPW, the UNDP’s Strategic Plan, the WBG Strategy, the UNECE’s strategy, and the IMF’s policy papers on sustainable development, inclusive growth and environmental sustainability.
Equity and equality objectives are central to SDG 1, ending poverty in all its forms everywhere, as well as to the priority area of keeping people out of poverty, which forms part of the UNDP’s Strategic Plan (1, 3).

Within its new holistic approach to growth, the IMF aims to contribute to sustainable development and the reduction of equity gaps by achieving economic diversification and structural transformation within a stable macroeconomic framework, thus distributing skills and human capital more evenly across the population. The IMF policy paper recognizes, however, that increased productivity, economic diversification and structural transformation may also lead to increased inequality within countries and areas. In addition, economic policies that increase growth and reduce absolute levels of poverty do not necessarily contribute to reducing levels of inequality. Reducing inequity must therefore be considered by economic policies as an explicit objective of its own (8, 11).

The common vision of the WBG includes “strong concerns for equity”, and recognizes that growth in many countries and areas is accompanied by rising inequality. Furthermore, it states that, in the medium term, sustained progress to achieve its two overarching goals of ending extreme poverty and promoting shared prosperity cannot be achieved unless inequalities are reduced, as high levels of inequality are likely to constrain the rise in prosperity for the bottom 40% of society. Yet, while it recognizes that efforts must focus on the poor and the vulnerable, inequity reduction within countries and areas is not included explicitly as a policy objective. Nevertheless, both the promotion of economic growth and the containment of inequity are included within the objective of promoting shared prosperity (2, 4).

One of the work streams of the UNECE that is of relevance to the work on equity in the area of living environments is the improvement of measurements of poverty. The UNECE provides support to countries and areas in the measurement of multidimensional poverty – which includes non-monetary deprivations in areas such as health, housing, education and other services, and through the production of a new measurement tool to capture poverty measures by gender – thus going beyond the household unit to measure intra-household inequalities. These efforts are framed within the commitments of the 2030 Agenda to report on progress through disaggregated data. To guide this work, the Bureau of the Conference of European Statisticians (CES), which governs the statistical work of the UNECE, established the Steering Group on Measuring Poverty and Inequality in February 2017. Implementation plans for the harmonization of poverty measures are being prepared for countries and areas in eastern and south-eastern Europe, the Caucasus and central Asia (6).

The equity perspective is also explicitly included in the narrative of SDG 16, focusing on promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels (1). Similarly, it is included in the UNDP’s priority area of strengthening effective, inclusive and accountable governance, working to ensure the inclusion of disadvantaged groups such as women, youth, people with disabilities and other marginalized groups in efforts aiming to increase social cohesion and peace (3).

Multiple environmental policy objectives have also made equity a central principle for implementation, as reflected in the narrative of SDG 2 to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture; SDG 6 to ensure availability and sustainable management of water and sanitation for all; SDG 9 to build resilient infrastructure,
promote inclusive and sustainable industrialization and foster innovation; SDG 11 to make cities and
human settlements inclusive, safe, resilient and sustainable; and SDG 15 to protect, restore
and promote sustainable use of territorial ecosystems, sustainably manage forests, combat
desertification, halt and reverse land degradation, and halt biodiversity loss (1).

Similarly, the equity perspective is central to the policies of the IMF on environmental
sustainability, which are part of its renewed holistic approach to growth as a result of the alignment
of its work with the SDGs. The IMF’s approach to climate change mitigation efforts is universal,
targeting all countries and areas worldwide. However, it promotes allocating investment in
climate change, adapting efforts according to levels of vulnerability, therefore befitting those
settings that are more exposed to climate-related natural disasters, such as LMICs/areas and
small states and islands (9, 10). In addition, both the IMF and the UNDP recognize the need to
apply an equity lens in energy policy, in order to increase energy access and delivery in contexts
where it does not reach everybody yet, as high energy prices have a detrimental impact on the
poorest households (3, 10).

Lastly, the impact on health of existing inequalities in living environments, and the urgency of
addressing unequal developmental patterns between and within countries in order to protect
global health, are acknowledged in the two strategic priorities of healthier populations and
health emergencies within WHO’s 13th GPW (2).

**Personal and community capabilities**

Equity in relation to personal and community capabilities is included as a policy objective in
the SDGs (Goals 4 and 5), WHO’s 13th GPW, the UNDP’s and ILO’s strategic plans, the WBG’s
Strategy, the UNECE’s Strategic Framework, the European Pillar of Social Rights, and the
development cooperation strategies of Denmark, Estonia, Hungary, Poland and Switzerland.

The role of equity in education policy is explicitly included in the formulation of SDG 4, ensuring
inclusive and equitable quality education and promoting lifelong learning opportunities for
all (1).

One of the areas in which equality is more prominently highlighted across all frameworks
is in relation to gender. In the SDGs, Goal 5 is dedicated to achieving gender equality and
empowering all women and girls (1). Gender equality and the empowerment of girls and women
is also recognized as a primary area in the UNDP’s Strategic Plan (3).

Similarly, both gender equality and non-discrimination are identified as cross-cutting policy
issues by the ILO for the implementation of its Strategic Plan, including through initiatives
such as the Resolution on Advancing Social Justice through Decent Work, the End to Poverty
Centenary Initiative, or the Women at Work Centenary Initiative; as well as in WHO’s 13th
GPW (2, 4).

Gender equality is also included as an explicit objective for which the WBG will provide support
to country/area-specific policies and investments (5).

SDG 5 is considered a cross-cutting theme in the work of the UNECE, particularly with regards
to the promotion of women’s economic empowerment. As such, the UNECE provides support
to countries and areas in the development of gender statistics and gender equality indicators, as
well as on the monitoring of progress towards the achievement of gender equality, through the
work of its Gender Statistics Database. The United Nations regional commission also leads the five-yearly regional review of progress in the implementation of the Beijing Platform for Action (6).

Gender equality is also included as an explicit objective of the European Pillar of Social Rights (12).

Poland’s strategy includes action directed specifically towards groups at risk of exclusion in its area of human capital, particularly in Belarus, Georgia and Ukraine, where target groups include people with disabilities, young parents, or older people (18).

All of the development cooperation strategies analysed position gender equality either as a core objective or as a cross-cutting issue within their spheres of activity (15–19).

Employment and working conditions

Equity with regards to employment and working conditions is included as a policy objective in the SDGs (Goal 8), the ILO’s Strategic Plan, the European Pillar of Social Rights, the EU Action Plan for the Circular Economy and the Polish development cooperation programme.

Equity and equality objectives are included within the narrative of SDG 8, promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (1).

The equity perspective is also integrated into the ILO’s Strategic Plan with regards to employment, as it prioritizes contexts in which discriminatory policies exclude population groups from social and economic progress. The ILO addresses other issues of relevance to equality at work, such as gender discrimination, child labour, and lack of freedom of association and of the right to collective bargaining (4).

The European Pillar of Social Rights aims at converging economic goals, such as balanced economic growth and price stability, and a highly competitive social market economy, together with social objectives, such as gender equality, intergenerational solidarity and social justice. While equality is only mentioned as an explicit objective in the case of gender equality, the Pillar includes other interrelated aims relative to such goals, such as combating social exclusion and discrimination, promoting social justice and protection, solidarity between generations and protecting children’ rights. In addition, multiple provisions within the three chapters of the Pillar (equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion) include explicit equity considerations (12).

No equity or equality objectives are explicitly included in the EU Action Plan for the Circular Economy. However, its sustainable development objectives aim to boost the EU’s competitiveness in ways that create jobs at all skill levels and promote opportunities for social integration and cohesion (13).

Lastly, Poland’s strategy also includes action directed particularly towards groups at risk of exclusion, in its area of work on entrepreneurship and the private sector. Efforts to promote entrepreneurship opportunities among target groups such as women, young people and rural communities are also prioritized in the planned activities in Belarus and Ukraine (18).
Income and social protection

Equity in income and social protection is included as a policy objective in the ILO’s Strategic Plan, the IMF’s policy papers on sustainable development and inclusive growth, and the European Pillar of Social Rights, as well as in SDG 10.

The second priority policy area identified in the ILO’s Strategic Plan, in addition to employment, is social protection systems, particularly in contexts in which discrimination policies are in place (4).

In the dimension of inclusive growth, the IMF addresses equity through its objectives of reducing income inequalities, promoting gender equality, and financial inclusion. The IMF’s policy paper on fiscal policy and income inequality identifies fiscal policy as an efficient and effective measure, as well as being the primary mechanism, for countries and areas to promote income distribution and reduce income inequality, especially through direct instruments such as taxes and transfers. On the other side of the coin, a high level of income inequality is described as being detrimental to achieving macroeconomic stability and growth (8, 11).

As mentioned in relation to the area of employment and working conditions, the scope of the European Pillar of Social Rights falls mostly within the areas of employment and social protection, and includes explicit equity and equality considerations. Nevertheless, the chapters of the Pillar also relate to other areas, such as health care or education (12).

Expressions of equity and equality

The institutional analysis revealed that equity and equality objectives are most frequently expressed in terms of: access to services, resources and opportunities; as a value of society, and as a root cause contributing to other societal benefits; in relation to the enjoyment of human rights; with regards to levels of exposure and vulnerability to risk; in outcomes; or as an organizational value.

Equity in access to services, resources and opportunities

All the analysed strategic and policy frameworks of the United Nations agencies and international organizations, as well as several national development cooperation strategies, express equity objectives in terms of access to services, resources and opportunities.

In terms of the SDGs, this is the case in Goal 2 (equity in access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment; and in access to benefits arising from the utilization of genetic resources and associated traditional knowledge); Goal 4 (equity in access to quality education); Goal 5 (equal access to economic resources and political participation, as well as to employment, leadership and decision-making at all levels); Goal 6 (equity in access to safe and affordable drinking water, as well as adequate and equitable sanitation and hygiene); Goal 8 (access to equal pay for work of equal value); Goal 9 (equal access to resilient infrastructure, industrialization and innovation); Goal 10 (equity in access to income; equity in social, economic and political inclusion); and Goal 15 (equal sharing of the benefits arising from the utilization of genetic resources) (1).

In WHO’s 13th GPW, equity is expressed terms of access to services and resources in two of its strategic priorities. First, the equity perspective is central to the achievement of universal health coverage. WHO commits to measure progress towards equity in access, accounting particularly for efforts benefiting groups in situations of vulnerability. In this regard, equity of access to health care based on gender, age, income and disability is included in the first outcome to be
measured within the framework of impact and accountability designed to evaluate progress in the implementation of the GPW. The GPW outlines WHO’s commitment to providing support to countries in the establishment of equity-oriented health budgets to encourage the realization of universal health coverage, as well as in the disaggregation of data to measure progress towards health equity. Equity is acknowledged as a central value in the distribution of the health workforce between and within countries for the achievement of worldwide universal health coverage, in both urban and rural settings. Second, equity in access to effective treatment for communicable diseases, NCDs and mental health is included in the strategic priority for healthier populations (2).

In the UNDP’s Strategic Plan, gender inequalities are expressed as the result of the unequal distribution of care work, and in the lack of equitable access to: decision-making, basic services, assets and finance, political and economic participation, as well as transformative livelihoods. Furthermore, reducing inequities in access to and delivery of energy is included as an explicit objective to close the energy gap (3).

In the ILO’s Strategic Plan, equity objectives are expressed in terms of access to services, and in particular with regards to the reduction of unemployment, youth unemployment, and correcting geographical imbalances in opportunity and income. Mention is also made of the quality of work, accounting for action to reverse the increasing degradation of job quality, precariousness, inferior terms and conditions of employment, and the erosion of rights at work (4).

Within the WBG goal of promoting shared prosperity, equity is expressed in terms of access to services: inclusive efforts are defined as policies that promote equality of opportunity by improving access to education, health, infrastructure, financial services and productive assets (5).

Similarly, in the IMF’s policy papers, equity is most frequently expressed with regards to access to services, resources and opportunities. Increased access to education is identified as a way to invest in human capital that benefits structural transformation for sustainable growth. Expanding access to health services, as well as education, is identified as a means to lower income inequality over the medium term, to increase social mobility and to help break the transmission of poverty and disadvantage across generations. In addition, achieving universal access to a basic package of health services is recognized as a means to improve health outcomes, contributing to progressivity of public health spending. Lastly, addressing gender-driven inequalities in access to opportunities to participate in economic activities and in access to financial services is identified as one of the inclusive growth goals, to promote economic and social inclusion (8, 11).

In the European Pillar of Social Rights, equity and equality are mostly expressed in relation to access to public services across its three chapters: chapter 1 on equal opportunities and access to the labour market (that is, equity in access to education, training and lifelong learning); chapter 2 on fair working conditions (dealing with equity in access to secure and adaptable employment); and chapter 3 on social protection and inclusion (relating to equity in access to unemployment benefits or health care) (12).

In Denmark’s Strategy for Development Cooperation and Humanitarian Action, equity is expressed in terms of access to opportunities, particularly in the context of people in fragile states, whereby inequity is described as a consequence of lack of freedom and the unequal distribution of opportunities (15). In addition, Poland’s strategy includes equity considerations in terms of access to social services, opportunities for social integration, and opportunities for entrepreneurship within its priority area of human capital, and under entrepreneurship and
the private sector (18). Lastly, in Switzerland’s strategy, equity objectives are also expressed in relation to access to health services (19).

**Equity as a value of society, and a root cause contributing to other societal benefits**

In all the analysed strategic and policy frameworks of the United Nations agencies and international organizations, as well as several national development cooperation strategies, equity and equality are also expressed as a value of society, and a root cause contributing to other societal benefits.

In the SDGs, this is the case in Goal 4 (whereby gender equality is expressed a specific knowledge and skill set that needs to be acquired by all learners); Goal 5 (in which gender equality is described as a value of society that needs to be reinforced and promoted through adequate legislation); Goal 8 (in which addressing income inequality to share wealth is a requisite for the achievement of the sustained, inclusive and sustainable economic growth that is essential to achieve prosperity); Goal 16 (whereby equity is a requisite for peace and security, as the existence of inequalities are recognized as a factor in violence, insecurity and injustice); and Goal 17 (in which equity is expressed as a value of a multilateral trading system that is universal, rules based, open and non-discriminatory) (1).

In WHO’s 13th GPW, the absence of equity and the existence of social, political, economic and gender inequalities are acknowledged as determinants driving poor outcomes and threats to health. Furthermore, inequalities in development patterns between countries with regards to the promotion of health and control of communicable diseases are stated to represent a common danger (2).

In the UNDP’s Strategic Plan, both growing inequalities within and across countries and areas, and persisting gender inequity are highlighted as factors driving poverty, as well as hampering efforts towards sustainable development and peaceful, just and inclusive societies. Achieving equality, including gender equality and inclusiveness, is placed as a central requirement for achieving both sustainable development and peace (3).

The ILO describes the unequal distribution of employment and resources, and the increasing trends in exclusion and deprivation, as root factors contributing to the worldwide lack of social justice, peace and stability. Furthermore, it recognizes gender equality as an essential component of social justice (4).

Gender equality is also recognized in the WBG Strategy as a necessary factor for the attainment of its two overarching goals of ending extreme poverty and promoting shared prosperity (5). Similarly, gender equality is considered a cross-cutting issue of the UNECE’s activities, and an underlying factor for sustained economic growth (6).

Equity is also recognized by the IMF as a value of society, and a root cause of other societal benefits. The organization acknowledges that lowering levels of inequality – and not just addressing poverty reduction in absolute terms – protects the level and the sustainability of economic growth. On the other side of the coin, economic inequality may hinder growth. Gender equity contributes to sustainable growth and sustainable development outcomes (7–9, 11).
In the development cooperation strategies of Denmark, Estonia, Poland and Switzerland, gender equality is recognized as a value and a resource of society, and as a root cause of other societal benefits. Furthermore, Denmark’s strategic approach recognizes inequities as root causes driving forced migration patterns, as well as other development and security challenges (15, 16, 18, 19).

**Equity in the enjoyment of human rights**

In the SDGs, Goal 1, reducing poverty, expresses equity and equality in relation to the enjoyment of human rights: people’s equal rights to economic resources, basic services, ownership and control of the land, and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance (1).

**Equity in levels of exposure and vulnerability to risk**

In WHO’s 13th GPW, and particularly in its strategic priority dealing with health emergencies, equity is expressed in terms of levels of exposure and vulnerability to risk, and used as a guiding principle for action. The GPW acknowledges that “the world is only as safe as its most vulnerable setting”, and prioritizes action to protect those populations that are most at risk, especially in fragile settings and conflict-affected countries. To do so, it commits to the instruction of variables on exposure and vulnerability within its measurement tools for preparedness and health emergencies (2).

**Equity in outcomes**

In SDG 10, equity is expressed as an outcome of eliminating discriminatory laws, policies and practices, in order to reduce inequality between and among countries (1).

The IMF also identifies reducing inequalities of income as an outcome of inclusive growth policies that promote economic and social inclusion (11).

Lastly, in Denmark’s strategic approach to development cooperation, the reduction of inequality is expressed as an outcome derived from poverty reduction programmes (15). This contrasts with the view expressed in the IMF’s policy paper, which warns that poverty reduction programmes do not automatically result in inequity reduction, but may also lead to increasing the gap, if equity considerations are not explicitly reflected (11).

**Equity as an organizational value**

In two of the United Nations strategic and policy frameworks analysed, gender equality is identified as an organizational value in itself. In its 13th GPW, WHO commits to increasing inclusion, diversity and gender parity in the composition of its staff and internship programmes (2). Along these lines, the ILO identifies gender equality as a priority for the human resources reforms of the Organization (4).

**Review of progress**

**2030 Agenda**

The follow-up and review of progress towards the attainment of the SDGs is primarily overseen by the High-level Political Forum convened under the auspices of the United Nations General Assembly, and the ECOSOC. The High-level Political Forum meets every four years, with the first forum after the adoption of the SDGs to be held in 2019.
Additional regular reviews, including thematic reviews, are carried out by the High-level Political Forum in collaboration with the countries concerned, United Nations entities and other stakeholders, supported by functional commissions of the ECOSOC and other intergovernmental bodies and forums.

The following topics and related goals were agreed for the first thematic reviews:

- **2017** – eradicating poverty and promoting prosperity in a changing world – SDGs 1, 2, 3, 5, 9 and 14;
- **2018** – transformation towards sustainable and resilient societies – SDGs 6, 7, 11, 12 and 15;
- **2019** – empowering people and ensuring inclusiveness and equality – SDGs 4, 8, 10, 13 and 16.

The follow-up and review framework is voluntary and led by the countries themselves, and it operates at national, regional and global levels. As part of the 2030 Agenda, countries are committed to designing participatory, inclusive and transparent review processes.

Progress is measured against a set of global indicators developed by the Inter-Agency and Expert Group on SDG Indicators, agreed by the Statistical Commission, and adopted by the ECOSOC, along with the General Assembly in 2016.

An annual progress report on the SDGs is prepared by the Secretary-General in cooperation with the United Nations system, based on the global indicator framework and data produced by national statistical systems and information collected at the regional level. In addition, a Global Sustainable Development Report is to be prepared by the ECOSOC every four years to strengthen the evidence base of policies for poverty eradication and sustainable development (1, 24).

In addition, in General Assembly resolution 71/243 of 21 December 2016, Member States approved a new mechanism to evaluate the effectiveness, efficiency and coherence of the operational activities for developing the United Nations system through quadrennial comprehensive policy reviews. These will report on the support provided by the United Nations development system in working towards the implementation of the 2030 Agenda (25).

**WHO’s 13th GPW**
A framework for impact and accountability has been designed to measure progress in implementing the GPW, which identified 10 outcomes. This framework will serve as a basis to realign the funding allocation for the programme budgets of the bienniums 2020–2021 and 2022–2023. Progress towards the implementation of the GPW will be reported through WHO’s regular mechanisms, including the sessions of the Executive Board, and the World Health Assembly (2).

**UNDP’s Strategic Plan**
The Executive Board of the UNDP oversees progress on the implementation of the Strategic Plan through its regular sessions, held in January and September, and its annual session organized in June (3).

**ILO’s Strategic Plan**
The ILO’s Governing Body meets three times every year (in March, June and November) and agrees on decisions regarding ILO policy, the agenda of the International Labour Conference, and the programme of work of the Organization.
A results-based evaluation strategy for 2018–2021 was approved by the ILO’s Governing Body in 2018 in order to operationalize the Strategic Plan for that period, identifying outcomes and targets to report on and evaluate its implementation. Progress is expected to be reported on through the meetings of the Governing Body, and at the annual International Labour Conference, which is held in June in Geneva. In addition, 2019 marks the centenary of the ILO, and preparations are ongoing for the adoption of a Centenary Declaration at the 2019 International Labour Conference (4).

**WBG Strategy**

Implementation of the WBG Strategy is monitored through the revised Corporate Scorecard, which comprises country/area-level progress towards its two goals, WBG contributions to these goals, and internal WBG effectiveness indicators to track strategy implementation. The annual Global Monitoring Report is used to report on global and country/area-level progress towards the achievement of the two goals (5).

**UNECE Strategic Framework**

Evaluation reports are prepared as part of the management of each flagship project of the UNECE. Updates on the implementation of the poverty measurement project are shared with countries and areas through the meetings of the Bureau of the CES. Evaluation reports are made available on the UNECE’s website (6).

**IMF policy papers**

The IMF Executive Board is composed of 24 directors, who are elected by Member States or groups of countries/areas, plus a managing director, who serves as the Board’s chairman. The Executive Board meets several times a week, and carries out the work of the organization largely based on the policy papers prepared by IMF staff.

Evaluation is usually done through the submission of voluntary country/areas reports for the consideration of the IMF Executive Board. Other voluntary means used to report on progress include press releases. IMF staff conduct regular reviews of the effectiveness of the organization’s policies and activities. In addition, an Independent Evaluation Office was established in 2001, which conducts public independent evaluations of the IMF’s policies and activities. Lastly, the IMF, together with the World Bank, runs a Civil Society Policy Forum in parallel with their Annual and Spring Meetings (26).

**EU policy frameworks**

The delivery of the European Pillar of Social Rights is a shared political commitment and responsibility that should be implemented at both EU and Member State levels. The Pillar is accompanied by a social scoreboard that will monitor its implementation by tracking trends and performances across EU countries in the 12 areas belonging to each of the three chapters of the Pillar. Each area includes several indicators, and examples of those indicators that are relevant to equity (within each chapter) are included in the list below (27).

- Equal opportunities and access to the labour market represent one area of focus, including the following indicators: education, skills and lifelong learning; gender equality in the labour market; inequality and upward mobility; living conditions and poverty; and youth.
- Fair working conditions and dynamic labour markets form another chapter, and within that area, the relevant indicators are: labour force structure; labour market dynamics; and income (including employment-related).
• Public support/social protection and inclusion represent a third sphere of focus, with indicators including: impact of public policies on reducing poverty; early childhood care; health care; and digital access.

Progress on the EU Action Plan on the Circular Economy is reviewed against relevant indicators contained in the Resource Efficiency Scoreboard and the Raw Materials Scoreboard, as well as others collected by Eurostat, the statistical office of the EU. A monitoring framework for the circular economy is prepared by the European Commission in collaboration with the European Environment Agency, and it is published together with the Commission’s reporting on progress towards the SDGs (13).

With regards to the EU Debt Sustainability Monitor, the report itself is used as a tool to monitor progress on public debt sustainability across EU countries against a series of indicators (14).

National development cooperation strategies
Estonia’s Strategy for Development Cooperation and Humanitarian Aid foresees the implementation of a functional framework for the evaluation of its performance by 2020 (16).

A mid-term review was planned in 2017 to evaluate the performance of Hungary’s development cooperation strategy (17).

The Polish development cooperation programme, which spans a period of five years (2016–2020), is subject to one mid-term review, which is planned for about three years into its implementation. Evaluations are also foreseen at the conclusion of specific programmes and projects (18).

Lastly, while plans for reviews are not included in its strategy, the Swiss Agency for Development and Cooperation publishes regular annual reports, aimed at assessing the effectiveness and impact of its programmes and projects (19).

Collaboration with United Nations and WHO

2030 Agenda
The development and adoption of the 2030 Agenda is a process convened and supported by the United Nations, and based on the values of its 1948 Charter. Its implementation is envisioned as the product of close engagement between agencies of the United Nations system, together with other partners, such as governments, the private sector and civil society (1).

WHO’s 13th GPW
The GPW is developed by the WHO Secretariat, with input from across the Organization, including Member States, and based on external evaluations and consultations, including input from United Nations bodies and non-State actors.

Implementation of the GPW is foreseen in close alignment with the United Nations system to avoid duplication of efforts, through the United Nations Development Group, the Inter-Agency Standing Committee for communication of humanitarian assistance organizations, the United Nations country teams within the Resident Coordinator system, as well as through reform process of the United Nations Development System. Collaboration is also envisaged with civil society, research institutions and the private sector in accordance with WHO’s Framework of Engagement with Non-State Actors.
Collaboration with United Nations socioeconomic commissions and other United Nations agencies is explicitly included in the area of health information systems; and close collaboration at United Nations level is also highlighted within the framework of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases, the United Nations Road Safety Collaboration, the United Nations Interagency Coordination Group on Antimicrobial Resistance, the United Nations Framework Convention on Climate Change, the United Nations General Assembly’s High-level Meeting on (prevention and control of) NCDs, and the United Nations General Assembly’s first-ever high-level meeting on tuberculosis. In addition, the GPW emphasizes the need to step up advocacy efforts for universal health coverage at political forums such as the G7 and G20 meetings, the United Nations General Assembly, and the United Nations Security Council (2).

**UNDP’s Strategic Plan**
Partnership with all United Nations agencies is foreseen for the implementation of the Strategic Plan of the UNDP. Nevertheless, collaboration with the United Nations Children’s Fund, UNFPA, and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) are prioritized, as reflected in the Strategic Plan’s common chapter, shared by all agencies in their own strategic plans (3).

**ILO’s Strategic Plan**
Although no explicit mention is made in the Strategic Plan of collaboration with the United Nations agencies, the value and importance of international partnerships for coherent implementation of the 2030 Agenda is acknowledged and included as an objective (4).

**WBG Strategy**
Partnership with the United Nations system is explicitly foreseen with the aim to achieve the two stated goals of the Strategy, although collaboration with WHO is not explicitly mentioned in the document (5).

**UNECE Strategic Framework**
The UNECE collaborates with multiple United Nations agencies across its areas of work. Relevant initiatives for the work on health equity include the Women’s Economic Empowerment Initiative in eastern Europe, the Caucasus, central Asia and south-eastern Europe – implemented in collaboration with UN Women’s Regional Office for Europe and Central Asia – the UNDP Istanbul Regional Hub, and the European Institute for Gender Equality. In addition, UNECE’s work on improving poverty measurements is carried out in collaboration with the UNDP and UN Women, the Organisation for Economic Co-operation and Development, the World Bank, the Interstate Statistical Committee of the Commonwealth of Independent States and the Oxford Poverty and Human Development Initiative (6).

In the UNECE’s mission, collaboration with WHO is mentioned in the following areas:

- under water and sanitation, and in terms of improving access to clean water, within the framework of the joint UNECE/WHO Regional Office for Europe Protocol on Water and Health;
- under transport, health and the environment, particularly within the project Transport, Health and Environment Pan-European Programme (THE PEP).
IMF policy papers
Several IMF papers on financial development and aligning the work of the IMF to the SDGs highlight the central role of collaboration with partners for capacity-building and policy coherence. Collaboration with the World Bank is mentioned in particular in relation to the area of promoting sustained economic and social advancement. In addition, collaboration with the United Nations is mentioned explicitly in the IMF Managing Director’s statement on climate change, with regards to the promotion of policy dialogues among finance ministries in order to emphasize the benefits of carbon pricing as a key element of effective tax structures (7–9).

EU policy frameworks
The European Pillar of Social Rights does not mention explicitly collaboration with the United Nations or WHO (12). However, collaboration with United Nations agencies is foreseen within the implementation of the different programmes designed to realize the Pillar (for example, the Health Programme).

The EU Action Plan for the Circular Economy does not specifically mention collaboration with the United Nations. However, it envisages cooperation with stakeholders in the framework of the implementation of the 2030 Agenda, and in particular in terms of SDG 12 to ensure sustainable consumption and production patterns (13).

Lastly, collaboration with the United Nations or other partners is not mentioned in the EU Debt Sustainability Monitor (14).

National development cooperation strategies
In Denmark’s strategy, multilateral cooperation is explicitly envisaged and prioritized with United Nations agencies, the World Bank and regional development banks in the framework of the 2030 Agenda and the Addis Ababa Agreement on Financing for Sustainable Development (15).

Estonia’s strategy foresees collaboration with the United Nations for the implementation of its objectives, including with ECOSOC and WHO, among others (16).

Hungary’s development cooperation and humanitarian aid strategy is framed within the transition from the Millennium Development Goals to the SDGs. Cooperation with United Nations agencies, including WHO, is explicitly mentioned in the strategy, and more prominently with regards to humanitarian activities (17).

Polish multilateral cooperation is implemented through bilateral relations with countries, as well as through work with international organizations, including the United Nations system, and within the framework of the implementation of the SDGs. WHO (along with many other United Nations agencies and bodies) is explicitly mentioned as an implementing partner, subject to receiving additional voluntary contributions from Poland (18).

The Swiss strategy is developed in accordance with the SDGs. Swiss partnerships with multilateral organizations are mentioned, alongside NGOs and the private sector. However, only collaboration with the UNDP is explicitly mentioned in the dispatch document (19).
Overview of synergies across frameworks

This institutional analysis may disclose potential synergies among the selected stakeholders with regards to the approaches and actions envisioned in their strategic and policy frameworks to promote equity and equality across policy areas.

Table 1 summarizes the main results from the rapid analysis. It highlights the equity approaches pursued by each stakeholder according to the policy areas of the HESR in which their actions towards equity are prioritized. In addition, it includes the European countries/areas or subregions in which action is prioritized within each framework.

Table 1 does not include a finite and exhaustive list of stakeholders, but rather highlights the main synergies found among the frameworks analysed. The aim of the table is to provide a snapshot of the existing synergies among strategic and policy frameworks from an equity perspective, in order to inform the development of collaborations with implementing partners for the realization of the health equity agenda in the WHO European Region. Further information on the specific equity-related objectives pursued by stakeholders within each policy area is included in the earlier section summarizing the results of the mapping exercise.

**Table 1. Equity approaches pursued by stakeholders within the five policy areas**

<table>
<thead>
<tr>
<th>Policy area</th>
<th>Blended approach</th>
<th>Targeted approach</th>
<th>Universal approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity in health services</strong></td>
<td>2030 Agenda (SDG 3) and WHO: their actions are directed towards all countries, although prioritized in vulnerable settings.</td>
<td>The development cooperation strategy of Denmark focuses on sexual and reproductive health as a means to achieving gender equality. Its actions are prioritized in Georgia, Turkey and Ukraine. The development cooperation strategy of Switzerland focuses on reducing equity in access through preventive care, action to combat NCDs, and to strengthen health systems. Its activities are prioritized in Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia, Ukraine, Tajikistan and Uzbekistan.</td>
<td>ND</td>
</tr>
<tr>
<td><strong>Equity in living environments</strong></td>
<td>2030 Agenda (SDGs 1, 2, 9, 11, 15 and 16), WHO and UNDP: their actions are directed towards all countries and areas, although prioritized in vulnerable settings. The activities of the IMF (within its holistic approach to growth) are prioritized in countries and areas from central, eastern and south-eastern Europe, the Caucasus and central Asia.</td>
<td>The actions of the WBG (within its objective of promoting shared prosperity) are directed towards developing countries and areas and, in the WHO European Region, prioritized in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan, as well as in Kosovo. The UNECE (through its measurement of multidimensional poverty and intra-household inequality) directs its actions towards all members, but prioritizes countries and areas in eastern and south-eastern Europe, the Caucasus and central Asia.</td>
<td>ND</td>
</tr>
</tbody>
</table>

* For the purposes of this publication, all references, including in the bibliography, to “Kosovo” should be understood/read as “Kosovo (in accordance with Security Council resolution 1244 (1999))”.*
| Policy area                                      | Blended approach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Targeted approach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Universal approach                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Equity in personal and community capabilities | 2030 Agenda (SDGs 4 and 5), the UNDP and the ILO: their actions are directed towards all countries and areas, although prioritized in vulnerable settings. The actions of the European Pillar of Social Rights (particularly with regards to gender equality) are directed towards all 28 EU countries.                                                                                                                                | The actions of the WBG (particularly with regards to gender equality) are directed towards developing countries and areas and, in the WHO European Region, prioritized in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan, as well as in Kosovo. |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The development cooperation strategy of Denmark (through its efforts on gender equality) prioritizes actions in Georgia, Turkey and Ukraine.                                                                                                                                                                                                                                                                                                                                                                         | The UNECE (by monitoring progress towards gender equality) directs its actions towards all members, but prioritizes countries and areas in eastern and south-eastern Europe, the Caucasus and central Asia.                                                                 |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The development cooperation strategy of Estonia (through its promotion of gender equality) prioritizes activities primarily in Belarus, Georgia, the Republic of Moldova and Ukraine, and secondarily in central Asian countries and areas.                                                                                                                                                                                                                                                                                                                                                                             |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The development cooperation strategy of Hungary (particularly with regards to gender equality) prioritizes actions in countries and areas of the western Balkans and eastern Europe.                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The development cooperation strategy of Poland (through its action to promote gender equality and social inclusion) prioritizes activities in Belarus, Georgia, the Republic of Moldova and Ukraine.                                                                                                                                                                                                                                                                                                                                 |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The development cooperation strategy of Switzerland (particularly with regards to gender equality) prioritizes actions in Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia, Ukraine, Tajikistan and Uzbekistan.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                             |

* For the purposes of this publication, all references, including in the bibliography, to “Kosovo” should be understood/read as “Kosovo (in accordance with Security Council resolution 1244 (1999))”. 
### Table 1 contd

<table>
<thead>
<tr>
<th>Policy area</th>
<th>Blended approach</th>
<th>Targeted approach</th>
<th>Universal approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity in employment and working conditions</td>
<td>2030 Agenda (SDG 8) and the ILO: their actions are directed towards all countries, although prioritized in vulnerable settings. The European Pillar of Social Rights’ actions are directed towards all 28 EU countries.</td>
<td>The development cooperation strategy of Poland (particularly through its promotion of entrepreneurship and private sector activities targeting groups at risk of exclusion) prioritizes activities in Belarus, Georgia, the Republic of Moldova and Ukraine.</td>
<td>The EU Action Plan for the Circular Economy (particularly with regards to its promotion of social inclusion through job creation) directs its actions towards all 28 EU countries.</td>
</tr>
<tr>
<td>Equity in income and social protection</td>
<td>2030 Agenda (SDG 10) and the ILO: their actions are directed towards all countries, although prioritized in vulnerable settings. The IMF (within its dimension of inclusive growth) prioritizes activities in countries and areas from central, eastern and south-eastern Europe, the Caucasus and central Asia. The European Pillar of Social Rights’ actions are directed towards all 28 EU countries.</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>
Conclusions

Health and well-being are shaped by a variety of factors of genetic, biological, chemical, physical, social, economic, environmental and political nature. As a consequence, health outcomes are determined by the conditions in which people are born, grow, live, work and age, as well as the wider social, economic and political forces that shape such conditions (28). Action in any policy area that affects people’s lives, from health care to transport, employment or foreign policy, may potentially have a positive or negative impact on health outcomes, as well as on the distribution of health inequities within and between countries and areas.

In a context of limited resources, the understanding that action across all policy sectors may have a potential impact on the enjoyment of good health and the distribution of health inequities poses a fundamental question: where should efforts to advocate for health equity in public policy-making be prioritized?

Furthermore, the number and typology of actors working on issues of relevance to health equity is increasingly diverse. These operate at international, regional, national and subnational levels, as well as across the public/private, profit-making/non-profit-making and formal/informal spectrums. This mapping of institutional frameworks accounts for this variety to the greatest extent possible. Recognizing the relevance of forging partnerships for the promotion of good governance for health and well-being, it underscores key similarities and differences in the expressed approaches to equity and equality pursued by selected stakeholders. The analysis also highlights the main policy areas prioritized for action by each stakeholder, with the aim of informing the establishment of collaborations for the implementation of the HESR initiative.

It must be acknowledged that expressed intentions towards equity or equality objectives do not necessarily imply that these will be pursued or achieved. The way such objectives are framed in strategic and policy frameworks may largely determine the extent of institutional action to address these. However, such institutional framing analyses must be complemented with implementation evaluations to prevent the risk of action being only discursive.

The broad scope of this mapping exercise, covering a large variety of institutions as well as all policy areas across the 53 countries of the WHO European Region, has posed limitations on the depth of the analysis. Nevertheless, the methodology used may be applied in subsequent exercises conducted in more restrained contexts. For example, future work may build on these results through an in-depth analysis of the approach to health equity of each institution, by accounting for a wider selection of strategic, policy and programmatic documents. Additionally, the number and profile of stakeholders mapped may be expanded, including other governmental and intergovernmental actors, as well as subnational and nongovernmental ones. Lastly, the methodology of this strategic mapping may be used to conduct a similar analysis of the main frameworks governing the work of key institutions within a particular country, in order to inform the establishment of collaborations for the implementation of the HESR initiative at national level.
References


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.

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