

# Addressing Inequalities in Global Health

UNU IIGH Strategic Plan 2024–2028



**UNU**  
**IIGH**

## Mission

Build knowledge and capacity for decision-making by UN agencies, UN programmes, and Member States about global health issues

## Vision

Addressing inequalities in global health

## Lenses



Intersectionality



Feminism



Decoloniality



Contextualisation



Powerful Actors

## Work Packages



Gender Equality and Intersectionality



Power and Accountability



Digital Health Governance



Climate Justice

## Tactics



Research and Analysis



Disseminate and Communicate



Partnerships and Networks



Convening and Hosting



Advocacy



Capacity Building

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## Forward from Rector

**On behalf of the United Nations University, it is my pleasure to present *Addressing Inequalities in Global Health (2024–2028)*, the new strategic plan for the United Nations University–International Institute for Global Health (UNU-IIGH).**

UNU-IIGH is respected for the quality of work it has produced, and for its work in convening other parties around pressing global health issues, particularly around issues of health inequities. Its work has enhanced the recognition of UNU-IIGH amongst partners and stakeholders in the UN, locally, and globally.

UNU-IIGH has also established strong partnerships with actors located in and representing perspectives from countries across the Global North and Global South, and these partners value the collaboration with IIGH which they believe has resulted in positive outcomes.

The strategic approach that the Institute has adopted in *Addressing Inequalities in Global Health*—to be recognised as the thought leader and primary intellectual resource on inequalities in global health—will ensure UNU-IIGH plays a pivotal role in attaining the 2030 Sustainable Development Goals. It will also support the United Nations University (UNU) to achieve its vision around enhancing the visibility and the impact of UNU across important sectors of society, influencing teaching, learning, and policy-relevant research, and expanding UNU’s engagement in the Global South.

**Professor Tshilidzi Marwala**  
Rector, United Nations University

## Forward from Chair

**I am delighted to present *Addressing Inequalities in Global Health 2024–2028*, the new strategic plan for the United Nations University–International Institute for Global Health (UNU-IIGH). The Strategy sets out a unifying vision and articulates the role the Institute can play in providing thought leadership and action on inequalities in global health, which over the years have increased within countries and between countries.**

The previous Strategy enhanced the recognition of UNU-IIGH amongst partners and stakeholders in the UN, locally, and globally. The Institute is respected for the quality of work it has produced, and for its work in convening other parties around pressing global health issues, particularly on issues of gender and health, and decolonising global health. UNU-IIGH has also established strong partnerships with actors located in and representing perspectives from countries across the world and especially from the Global South, and these partners value their collaboration with IIGH, which they believe has resulted in positive outcomes.

Over the past months, we have been thinking deeply about how the Institute can maintain and build upon the success achieved across the three pillars of the 2019–2023 Strategy. While areas of work may change, certain characteristics remain central to the 2024–2028 Strategy—neutral convenor, partnership, a platform for critical thinking, exchange of knowledge, policy influence, evidence-based policy, knowledge building and capacity development for decision-making.

I wish to thank Rajat and the Senior Management Team and staff of IIGH for their leadership, active and informed participation in the development of the Strategy, the Board for their important inputs to the development of the Work Packages and the many partners and stakeholders who provided input to the review of the previous strategy.

*Addressing Inequalities in Global Health* will ensure that UNU-IIGH is well positioned to play a key role in enabling UNU to achieve its vision of enhancing the visibility and the impact of UNU across important sectors of society and expanding UNU's engagement in the Global South.

**Flavia Bustreo**

Chair, International Advisory Board

## Forward from Director

**As the Director of the United Nations University–International Institute for Global Health (UNU-IIGH), it is my distinct pleasure to introduce the 2024–2028 Strategic Plan *Addressing Inequalities in Global Health*.**

UNU-IIGH has established itself as an important leader in advancing gender equality in the global health landscape. Leveraging its unique position within the UN system it has consolidated evidence, advanced thought leadership and forged innovative partnerships.

Institute partners and stakeholders have had a rewarding experience collaborating with us, with particular commendations arising as a result of UNU-IIGH’s emerging leadership within the areas of decolonisation in global health, gender and health, and capacity strengthening at the local, regional, and global level, and enhancing the skills and knowledge of global health players. During the COVID-19 pandemic, the Institute adapted and reprioritised its areas of work while continuing to deliver on the main strategic objectives.

Preparation of the 2024–2028 Strategic Plan has represented a unique opportunity—to review and renew, to reframe past approaches and to continue to effect change through policy analysis, research and capacity building. By adopting a strategic focus on *Addressing Inequalities in Global Health*, the Institute’s body of work is shifted from priority-driven, policy-relevant pillars of work to a ‘Think Tank and Convenor’ where

the organisation's strength and value add is recognised in its thought leadership and action on inequalities in global health.

The 2024–2028 Strategic Plan will achieve an even stronger strategic alignment between UNU-IIGH and the UNU Strategic Objectives. Most notably, the strengthening of UNU-IIGH's external influencing capability and the integration of strategic lenses, including *gender* and *decolonisation*, throughout its work areas, will ensure that UNU-IIGH is well positioned to play a key role in enabling UNU to achieve its vision around enhancing the visibility and the impact of UNU across important sectors of society, influencing teaching, learning, and policy research, and expanding UNU's engagement in the Global South.

I thank the Board members, Senior Management Team, staff, partners and others who gave their time to tell us how they want us to work during the next 5 years. By listening to a cross-section of voices, *Addressing Inequalities in Global Health* captures the ambition of our Institute to look beyond what we are good at, to what good we can do.

**Rajat Khosla**

Director, UNU-IIGH

# Introduction

The United Nations University’s International Institute for Global Health (UNU-IIGH) was established in 2005 as part of the UNU system. The Institute’s mission is to build knowledge and capacity for decision-making by UN agencies, UN programmes and member states about global health issues. The goal is to advance evidence-based policymaking on key issues related to sustainable development and health.

As a member of the UN family, UNU-IIGH brings an interdisciplinary and intersectoral approach to problem-solving and serves as a policy translation hub for UN member states, agencies and programmes and generates policy-relevant research and analysis by applying a gender, intersectional and decolonising lens to inform the development, implementation and evaluation of health policies and programmes. The Institute also supports the capacity development of local policymakers, researchers and civil society organisations (CSOs), particularly in the Global South, to engage effectively with global health challenges within the 2030 Agenda for Sustainable Development.

The [2019-2023 Strategy for UNU-IIGH](#), developed in 2018, built on UNU-IIGH’s strategic advantage and position vis-à-vis the UN and global health ecosystem. The Strategy set a goal to *advance evidence-based policy on key issues related to sustainable development and health* and shifted the Institute’s body of work from investigator-driven global health

projects to three priority-driven, policy-relevant pillars of work, each reflecting UNU-IIGH’s unique value position.

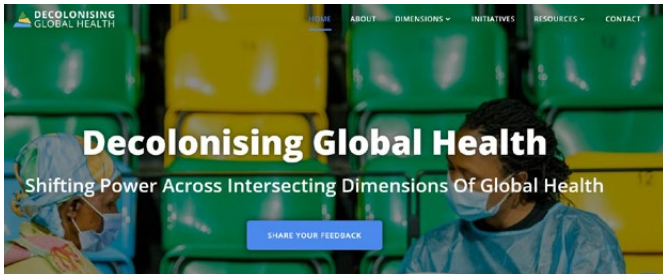
When the COVID-19 pandemic hit in 2020, the Institute adapted and reprioritised its areas of work while continuing to deliver on the main strategic objectives of translating evidence to policy, generating policy-relevant analyses on gender and health, and strengthening capacity for local decision making especially in the Global South.

## Highlights from the previous five years have included:

- *Shifting Power in Global Health: Decolonising Discourses* series, co-convened by UNU-IIGH, Development Reimagined, and Wilton Park in response to the increasing number of voices calling for a reassessment of the global health system and greater recognition of its colonial heritage and current power asymmetries.
- The Gender and Health Hub (GHH), launched in 2021 is a network driven platform that co-produced evidence to inform and support global, regional and national action on gender and health in substantial, innovative and disruptive ways.





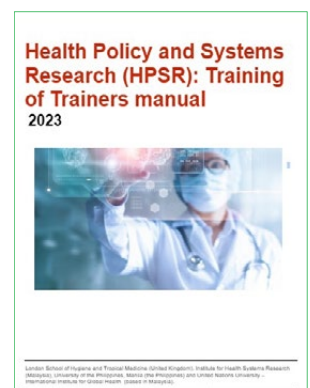
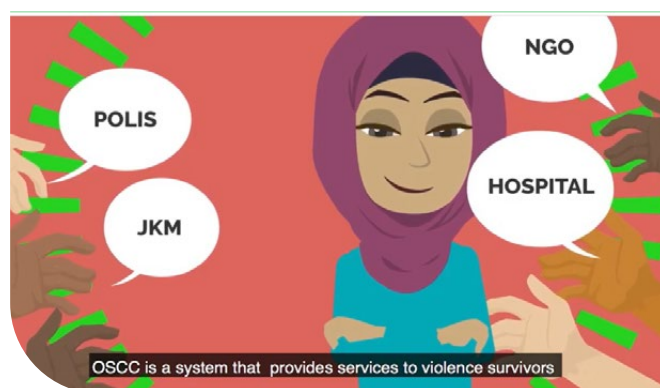
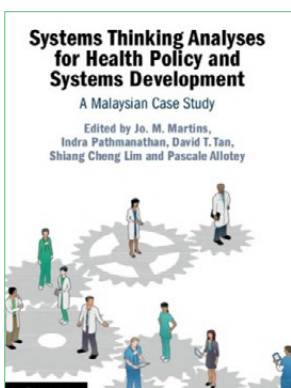


- The Research Agenda on Gender and COVID-19, a UNU-IIGH and University of Western Cape initiative to redress the insufficient integration of gender in research priorities and efforts to implement the COVID-19 Research Roadmap.
- The Malaysian Global Health Consortium, launched in 2018, brought together academics, professional associations, researchers, policymakers and local professionals in global health activities, focusing on South-South collaborations and capacity building. Trainings included the Western Pacific Region Regional Training Centre hosting the first session of the Massive Online Open Course (MOOC) in Implementation Research (IR) in the region with 215 participants from ASEAN countries to strengthen capacity to incorporate gender and an intersectional lens in IR.

The success of the previous five years has confirmed the pivotal role the Institute plays in attaining the

Sustainable Development Goals (SDGs) and in the field of global health. As an independent think tank with a proven ability to convene and develop strategic partnerships—particularly in lower- and middle-income countries—and as a centre for policy analysis, its strength lies in the ability of the research agenda to consolidate the evidence and identify appropriate and practical solutions to catalyse and sustain the necessary responsive change within institutions, systems and sectors, to meet the 2030 Agenda for Sustainable Development and to support the UN system, Member States and civil society organisations.

*The Sustainable Development Goals Report 2022*, reveals that a combination of interlinked global crises and conflicts—COVID-19, climate change and war—have overwhelmed global health systems, disrupted essential health services, created a fragile and patchy global economic recovery, revealed a stark two-tiered COVID-19 recovery with grossly unequal vaccine distribution across the globe, many more living in



poverty—particularly women and children—all of which contributes to ‘the growing sense of injustice among people around the world and increasing the urgency to tackle deep and persistent inequalities.’<sup>1</sup>

During the final year of the 2019–2023 Strategic Plan, UNU-IIGH commissioned an evaluation of the Strategic Plan to inform the future direction of the Institute. The Institute also engaged with the International Advisory Board (IAB), partners and the Senior Management Team (SMT) to review progress, inform opportunities for growth and work to achieve the SDGs.

In the presence of deep and persistent health inequalities, particularly in the Global South, taken with the Institute’s unique position as the designated think tank on global health within the UN ecosystem, with a mandate to advance the perspectives and needs of states and populations in low- and middle-income

countries (LMICs), the Director, the IAB and the SMT reviewed the successes of the last strategic plan and the path towards the SDGs. It was collectively determined that the 2024–2028 Strategy for UNU-IIGH—*Addressing Inequalities in Global Health* would provide the strategic approach to build on its existing portfolio of work to contribute towards efforts to ensure health equity, human rights and gender equality and to build a genuinely inclusive global health agenda that is grounded on the principles of justice.

The 2024–2028 Strategy will utilise a matrix approach of work packages that incorporate intersecting lenses and tactics, to address four specific areas, each of which builds on the Institute’s areas of expertise—Gender Equality and Intersectionality, Power and Accountability, Digital Health Governance, and Climate Justice.

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**Shifting power in global health**  
Decolonising discourses — Dialogue 1

Convened by

UNITED NATIONS UNIVERSITY  
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International Institute for Global Health

DEVELOPMENT REIMAGINED

Wilton Park

**GUIDANCE NOTE AND CHECKLIST FOR TACKLING GENDER-RELATED BARRIERS TO EQUITABLE COVID-19 VACCINE DEPLOYMENT**

March 2021

Developed by the SDG3 Global Action Plan For Healthy Lives and Well-Being for All: Gender Equality Working Group

and the Gender and Health Hub,  
United Nations University International Institute for Global Health



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<sup>1</sup> The Sustainable Development Goals Report 2022 (United Nations, 2022) 2.

## Strategy 2019–2023

In 2015 the UNU commissioned an external review of the UNU-IIGH to assess the Institute’s past performance to inform its future direction. In addition to other recommendations, the review panel recommended that UNU-IIGH develop its long-term strategic role and position as an independent, research-based institute for the UN system and external stakeholders.

The 2019–2023 Strategy for UNU-IIGH, built on UNU-IIGH’s strategic advantage and position vis-à-vis the UN and global health ecosystem and set a goal to *advance evidence-based policy on key issues related to sustainable development and health*. The 2019–2023 Strategy shifted the Institute’s body of work to focus on three priority-driven, policy-relevant pillars of work, each reflecting UNU-IIGH’s unique value position.

### **Pillar 1**

#### **Translating evidence to policy**

Pillar 1 emphasised the UNU-IIGH’s role as a policy hub that supports UN agencies and member states and civil society to translate and facilitate Global South expertise, experience and inputs for the country level through convening, communication activities, and briefings. Key projects under Pillar 1 included:

- Future of Aid Series
- Shifting Power in Global Health: Decolonising Discourses
- The Lancet Commission on Gender and Global Health
- Lancet Breastfeeding Series
- Catalysing Policy Improvement in Africa for Maternal, Newborn, Sexual and Reproductive Health in Senegal, Burkina Faso, Tanzania, Uganda and Mozambique.



Anne Nygard

Pillar 1 had significant successes, including numerous convenings on research, policy engagement and development, the representation of participants from LMICs in convenings, and an impressive number of participants benefiting from the convenings—in 2022, 2.7k participants benefited from the Institutes convenings.

In particular, the *Decolonising Discourses*, co-convened by UNU-IIGH, Development Reimagined, and Wilton Park built on the unique position of the Institute has as a think tank within the UN ecosystem. A programme of work dedicated to decolonising global health was launched that aimed to build upon the dialogues through research, analysis and convening and to catalyse action and eventual change within the global health system.



## **Pillar 2**

### **Generating policy-relevant analyses on Gender and Health**

Pillar 2 focused on contributing to the policy debate around gender and health by reviewing evidence, developing research agendas and tools, and informing policy processes. The Institute engaged in global health and evidence generation and dissemination to advance gender equality in health through several programmes of work, including the following key projects:

- Gender & Health Hub (GHH)
- Collection on Women’s Health and Gender Inequalities
- Research Agenda on Gender and COVID-19
- UNU Gender Atlas
- What works to integrate gender in government health programmes: Lessons from Promising Practices in Africa, South Asia and Southeast Asia

Pillar 2 was essential in amplifying the experience and expertise of Global South actors, experts and institutions in the mainstream discourse of gender and global health. The GHH, a network driven platform co-produced evidence to inform and support global, regional and national action on gender and health.

The GHH leveraged and disseminated the results from the *What Works in Gender and Health* in the United Nations research through reports and a podcast series. That research distilled transferable knowledge about what has worked on integrating gender in health, where, why and how across five UN agencies. The number of departments within UN agencies or programmes that adopted recommendations or approaches from gender and health developed by UNU-IIGH increased 16-fold during the 2019–2023 Strategic Plan.



Francisco Venancio

The Research Agenda on Gender and COVID-19 elevated experiential knowledge to integrate sex- and gender-based differences in pandemic research and response. The process involved 900 participants—70% from the Global South—through discussion boards, five global virtual meetings and communications in Arabic, Chinese, French, English, Spanish, and Portuguese.

Other highlights included 21.3k downloads of GHH’s podcast series on Women’s Health and Gender Inequalities in 2022 alone and eleven new partnerships with organisations serving on three regional advisory committees.

### **Pillar 3**

## **Strengthening capacity for local decision-making**

Pillar 3 leveraged UNU-IIGH's presence in Malaysia to serve as a hub for South-South learning by building linkages across LMICs, developing knowledge products, and conducting training and seminars. The Institute implemented several programmes of work during the 2019-2023 Strategy, including the following key projects:

- IR Training
- Tropical Disease Research Regional Training Centre in the Western Pacific Region
- Accelerating the Development of Health Policy and Systems Research in Malaysia
- Local Capacity Building of researchers and policymakers.

Pillar 3 saw the launch of the Malaysian Global Health Consortium in 2018. The Consortium brought together academics, professional associations, researchers, policymakers, and local professionals in global health activities, focusing on South-South collaborations and capacity building. Initially, the Consortium was concerned with consolidating evidence and distilling key learnings from the Malaysian health system that could inform policies in other low- and middle-income settings. The project then moved on to rollout and deliver training and other efforts to strengthen capacity for decision-making in the region and the Global South.

An important success of Pillar 3 was the MOOC that UNU-IIGH, in partnership with WHO TDR, developed, organised and facilitated. The MOOC incorporated an intersectionality and gender perspective in IR and targeted public health researchers and decision-makers, disease control programme managers, academics and others. Two hundred and eighty-four people, mainly from the Global South, participated in the first session of the training.

The three-pillar approach supported the Institute's mission to build knowledge and capacity for decision-making by UN agencies, UN programmes and member states about global

health issues, and the goal to advance evidence-based policymaking on key issues related to sustainable development and health. The Institute achieved measurable progress across the three pillars, established valuable partnerships and networks, and meaningfully engaged with countries and actors from LMICs. The successes of the 2019-2023 Strategy have provided a solid foundation for the next five years.

The key elements of the Institute's way of working—neutral convenor, developer of evidence-based policy, policy hub supporting the translation and dissemination of global guidance and recommendations, global think tank, external partnership working—have been built upon in the 2024-2028 Strategy to ensure UNU-IIGH consolidates its strategic position in the global health sector, clarifies its role in the sector and area of focus—inequities and justice—and continues to expand its partnership network, particularly in the Global South.

# Strategy 2024–2028

## Addressing Inequalities in Global Health

The success of the last five years has confirmed the pivotal role UNU-IIGH plays in the attainment of the SDGs and to the field of global health. During the final year of the 2019–2023 Strategic Plan, UNU-IIGH commissioned an external review to assess the Institute’s past performance to inform its future direction. The evaluators concluded that UNU-IIGH “achieved measurable progress across all three Pillars of the existing strategy” and that “stakeholders have had a fruitful experience working with UNU-IIGH, with particular commendations [for] UNU-IIGH’s emerging leadership within the areas of decolonization of global health; gender and health; and capacity strengthening at the local, regional, and global level, enhancing the skills and knowledge of global health players.”

In addition to other recommendations, the external review recommended that the Institute focus on consolidating its strategic position in the global health sector by clarifying its role in the sector and its area of focus and expanding its partnership network.

A recurring theme during the consultations was the deep-rooted inequalities at the centre of the polycrisis—climate emergency and loss of biodiversity, armed conflicts, economic after effects of COVID-19, the spiralling cost of living, and food insecurity. All these issues disproportionately affect the marginalised communities living in low- and middle-income countries (LMICs). Across the spectrum of health issues those living in LMICs continue to experience worse health outcomes when compared to those in high-income countries. The progress made at the end of Millennium Development Goals is now starting to reverse.

Worldwide every two minutes a woman dies in childbirth, totalling 800 women every day or 287,000 women annually.

The next five years are critical if the polycrisis is not to worsen. Momentum for change is building and the demands for decolonisation of global health and to address power asymmetries are now part of the agenda in various global health processes. To achieve a

meaningful shift in power between and within countries, and to transform the global health architecture, we need unprecedented cooperation between academia, CSOs, social movements and multilateral organisations. UNU-IIGH has a unique position to contribute to this shift given its designation as the think tank on global health within the UN ecosystem, with a mandate to advance the perspectives and needs of states and populations in LMICs.

UNU-IIGH identified *Addressing Inequalities in Global Health* as its core strategic focus. This strategic focus aligns with the historical areas of interest and effort within UNU-IIGH, has the greatest potential for external influence and impact and aligns with the opportunity that currently exists in the global health sector for UNU-IIGH to occupy greater thought leadership on this issue.

The Strategy moves from a siloed approach to a matrixed approach where Work Packages—specific categories of projects, Lenses—the conceptual and analytic foundations of the work, and Tactics—the approaches to delivering the work, formally intersect in the design and implementation of the Strategy. The four Work Packages—Gender Equality and Intersectionality, Power and Accountability, Digital Health Governance, and Climate Justice and Determinants of Health—are grounded in justice and human rights and maintain and build upon the Institute’s work on gender and health and decolonising global health.

## Lenses

The lenses are the conceptual and analytic foundations of the Institute’s work that are in turn, rooted in principles and values informed by the [UN Values Framework](#). The Institute has taken power as the analytical entry point to apply a set of five interconnected lenses that will facilitate collaboration across the Work Packages to interrogate the structural underpinnings of health inequalities in global health—Intersectionality, Feminism, Decoloniality, Contextualisation, and Powerful Actors.

### Intersectionality:

UNU-IIGH will apply a multi-dimensional lens to health inequalities, focusing strongly on people experiencing discrimination on multiple grounds whether it be gender, race, ethnicity, Indigenous identity, caste, class, disability, sexual orientation, or other forms of social categorisation. The structural drivers and consequences of discrimination and exploitation will be incorporated into the Institute’s research, policy work, convenings and educational programmes and inform who UNU-IIGH works with, how and to what end.

The intersectionality lens is applied across each of the Work Packages. For example:

- Gender Equality and Intersectionality—Gender, class and race, along with other intersecting social determinants of health, are central to both equitable opportunities to lead healthy lives and the provision of high-quality health services for all.
- Power and Accountability—an intersectional approach to the systems of governance and the power structures will be taken to examine the intersectional and compound nature of gendered,

racial and class discrimination and the inequities associated with many current global health crises.

- Digital Health Governance—Racial and ethnic minorities have historically faced disproportionate surveillance and privacy violations that can perpetuate or exacerbate existing racial disparities. Further, facial recognition systems perform worse on darker-skinned women due to biased training data. Biased AI algorithms may result in a greater percentage of errors in diagnosis or ineffective treatment for groups less represented in data and who are not involved in the design and piloting of algorithms, including racial and ethnic minorities.
- Climate Justice—Women and girls overall are disproportionately affected by the adverse effects of climate change, as compared with men and boys. This is the result of pre-existing gender inequalities and intersecting forms of discrimination, such as sex and gender orientation, disability, older women, women belonging to ethnic, racial and religious minorities, and others. The effects of climate change and fossil fuel-related pollution also run along lines of ethnicity, race, class and caste, perpetuating discrimination and inequalities.

### Feminism:

UNU-IIGH will continue to apply a feminist lens as an analytical entry point to health inequalities. Applying a feminist lens to the intersectional and contextual causes of health inequalities will ensure the Institute’s research, policy work, convenings and educational programmes address power, privilege, and inequities; centre marginalised voices; and call for the fair distribution of power and responsibilities.

For example, the Gender Equality and Intersectionality Work Package will utilise a feminist lens to examine

how the colonial project devalued and made women invisible, and overlooked gender inequalities. Application of this lens will intentionally situate intersecting gender inequalities at the heart of power analyses to recognise that bodies and sexuality are primarily sites of power, discrimination, control, and violence.

### **Decoloniality:**

UNU-IIGH will develop, embed, and refine approaches to applying a decolonial lens to all its work, which will identify and describe power asymmetries and relationships of domination/subjugation that enable exploitation and the unjust, systematic appropriation of wealth and resources as colonial and explore their impact on health and health inequity, and seek to promote positive structural change and appropriate policy responses.

The Power and Accountability Work Package will apply the decoloniality lens to emphasise both the highly financialised and corporatised forms of contemporary colonialism and the legacies of the more territorialised and racialised forms of colonialism from earlier periods of history.

The Climate Justice Work Package will address the colonial legacies and power asymmetries that continue to define the health impacts of climate emergency. The ability of poorer countries to cope with the negative effects of climate change is diminished by the lasting consequences of colonialism, particularly its legacy of uneven distribution of resources among UN Member States. Climate change will not only perpetuate the effects of colonialism but, in effect, it is a new form of “atmospheric colonisation” by states that had established colonial empires, and the states based on the settler societies they left behind.

### **Contextualisation:**

UNU-IIGH will embed contextualisation as a core component of research and advocacy efforts in service of evidence-informed decision-making to address the persistent imbalance/inverse relationship between global disease burden and global health knowledge production. The Institute will join forces with those best positioned to understand the specific socio-cultural, economic, and geographical circumstances of different communities and countries, harnessing both the power of collective, and bottom-up expertise and engaging with decision-makers in a position to effect systemic change.

The Digital Health Governance Work Package will utilise the contextualisation lens to make dedicated efforts to work with LMICs. The approach will facilitate the Institute to develop academic partnerships and establish networks with those working on DHG in LMICs, and focus on collaborative research, convenings and capacity-building work in Malaysia and the Western Pacific Region.

The climate crisis disproportionately affects people in the Global South and LMICs, especially in low-lying small island states and least-developed countries, due not only to their exposure to climate-related disasters but also to underlying political and socio-economic factors that amplify the impacts of those events, including the lasting consequences of colonialism. The Contextualisation lens will enable the Climate Justice Work Package to focus on influencing

global policy and at the same time, build on the growing momentum both in Malaysia and South-East Asia more broadly to develop academic partnerships and establish networks with those working on these issues in LMICs.



## **Powerful Actors:**

UNU-IIGH will deepen its expertise regarding the role, activities and impact of powerful actors across the global health ecosystem including, but not limited to, the growing influence of private actors such as financial institutions, private foundations, and multinational corporations.

The Power and Accountability Work Package identifies that shifts in power and changes to governance structures and models over the past few decades have contributed to major accountability deficits regarding powerful private actors. The Powerful Actors lens will be applied to specifically focus attention on and within particular groups of actors or institutions including the state, corporate and financial, academia and research institutions, international NGOs, private foundations and think tanks to work to correct power imbalances and mitigate accountability deficits.

The lenses are intertwined with the tactics, informing not only what the Institute works on, but also how it conducts its research, leverages its platform, and engages with others.

## **Tactics**

The tactics outline *how* the Institute will work to achieve specific programmatic outcomes that together will contribute to the overarching aim to address health inequalities. Each Work Package will draw on a combination of the following five tactics developed during the 2019–2023 Strategic Plan:

## **Conduct Research and Analysis**

UNU-IIGH collaborates with a broad spectrum of stakeholders, including researchers from government, civil society including marginalised voices and communities, and academia and draws on a cadre of Fellows, Visiting Scholars, and Experts to undertake research and generate analyses that contribute to evidence-informed policy dialogue, development, and review.

The Institute will focus on strengthening and expanding evidence by challenging narrow and exclusionary conceptualisations of evidence, developing and refining context-adaptable analytic tools to inform the design, implementation and evaluation of policies and programmes, and informing and improving policy processes through workshops, symposia, and policy dialogues.

## **Foster Partnerships and Networks**

UNU-IIGH partners across the UN system, with government ministries, civil society organisations, and the private sector.

The Institute will strengthen existing partnerships and develop new networks across the global health ecosystem and beyond. As a member of the UN family, UNU-IIGH brings an interdisciplinary and intersectoral approach to its global health work. Its neutral position, supported by its endowment, ensures academic independence.

Located in Malaysia, the Institute is particularly well-placed to bring low- and middle- income country voices and leadership to the fore.

## Communicate Findings and Results

UNU-IIGH will utilise its position, privilege, and platform to ensure that co-created research contributes to evidence-informed policy and decision-making. The Institute will add value by providing contextually relevant research, enhancing inclusivity in knowledge production, and participating in key conversations across the global health landscape. Modes of engagement will include policy dialogues, workshops, and training activities.

The Institute will share impactful stories and lessons from our research and collaborations, strategically aligning messaging with communication objectives and stakeholder needs to contribute to the reduction of health inequity and gender inequality. The Institute will employ diverse communication methods and technologies, leveraging Institutional and partner channels for message amplification.



## Advocate for Change

UNU-IIGH leverages its independent intellectual platform to advocate for approaches and outcomes in global health that may be novel, disrupt orthodoxies, and challenge global health actors to think and act in new ways. It does so by convening open and frank discussions, platforming marginalised voices, and, where appropriate, supporting implementation efforts.

The Institute's advocacy will champion power sharing and redistribution. We will model the change we want to see, including utilising IIGH's relative privilege and power to spotlight and amplify the promising practices of others, supporting local ownership and implementation, and allyship with aligned movements.

## Strengthen Capacity

UNU-IIGH produces high-quality knowledge products and flagship training programmes that bolster capacity for contextually relevant

evidence-informed decision-making, especially in low- and middle-income countries. As part of our commitment to continual learning, we will collaborate with partners in processes of dynamic knowledge creation and exchange, learning from and building on their expertise.

We will continue to expand our network, activities and reach in support of our role as a South-South learning hub for global health, utilising our networks to connect various actors and facilitate the multi-directional transfer of knowledge and skills.

Through our internship and early-career fellowship programmes, UNU-IIGH will continue to provide opportunities for individuals with a wide range of experience and expertise to gain exposure to the work of the Institute and the broader global health sector.

# Work Packages

## Gender Equality and Intersectionality

### Background and rationale

Over the course of the previous strategy, UNU-IIGH has built a significant body of work to advance the integration of rights-based and gender-responsive approaches to health systems and institutions, contributing to the overarching SDG of health for all. Leveraging its position in the Global South and as an interlocutor across multiple stakeholder groups, including government, research and the private sector, the Institute is well positioned to further deepen its footprint on advancing evidence to policy translation in this field.

A large body of evidence establishes the links between the unequal distribution of power— access to resources, knowledge, information, decision-making— and other intersecting social determinants of health such as gender, race and class, and the negative impacts on health and health systems.

Yet discrimination based on social determinants of health persists, both within and outside of the health system and is further exacerbated by concurrent and consecutive crises—economic, political, climate, etc. Rights-based and gender-responsive approaches to health services have been championed as the most effective way to tackle health inequities based on intersecting social determinants of health, and to deliver equitable, needs-based, safe health services. Yet, there has been limited practice-based evidence on the operationalisation of gender-responsive and rights-based approaches in health services.

In May 2016, the Member States in the World Health Assembly, unanimously adopted the WHO Framework on integrated people-centred health services. The Framework provides a vision for countries to move towards a system of universal healthcare that provides non-discriminatory high-quality healthcare to people

and where the workforce involved in delivering these services is motivated, skilled, and supported to deliver that care. This Work Package derives its focus from the recognition of this two-fold obligation and the interconnectedness between providing quality care that recognises and responds to client's needs with a healthy workforce that is respected, empowered, properly paid, and supported to deliver that care.

Building on UNU-IIGH's extensive networks of partners, collaborators, and stakeholders, and leveraging the GHH platform, the Institute will focus and deepen its efforts in two areas: the integration of people-centred care through rights-based and gender-responsive provision of health services and information for women, girls, and structurally excluded groups; and, the promotion of enabling environments for women to thrive in the health workforce, through thought leadership and equitable, safe and supportive working environments.

### Aim

The overarching aim of this work package is to improve the quality of health care through a human-centred approach and to use this as an entry point for health systems strengthening, ultimately improving health and wellbeing for all. The Work Package will build on existing opportunities and prior work of the institute that positions UNU-IIGH as a thought leader and convenor on key issues to advance gender equality and intersectional issues in health.

The thematic focus will be two-fold. First, ensuring the health system is responsive to the needs of structurally excluded individuals and communities and delivers optimal care to these individuals and communities with a focus on maternal, newborn and child health, family planning and immunisation. Secondly, on advancing a positive and enabling environment for the frontline health workforce—e.g., addressing the experience of gender-based violence.

The following objectives will contribute to achieving the aim and focus across the two broad areas of work with a particular focus on co-creating and collaborating with in-country multi-stakeholder partners:

- Co-create and generate knowledge through practice-based, policy-relevant evidence consolidation and analyses.
- Transfer knowledge and influence policy and practice through (i) bespoke data, knowledge products, and evidence, and (ii) strategic convenings and engagement with diverse stakeholders at multiple levels (e.g., global, regional, national).
- Foster a diverse network of stakeholders/influencers/champions primarily based in the Global South to collectively advance priority actions and investments.
- Strengthen capacity for evidence-to-policy translation with a gender lens through a network of local expert institutions. Promote local decision-making by partnering with academic and professional health networks and regional training centres in the Global South.

## Phases

### Year 1 (2024)

Evidence generation, translation, and communication:

- Scoping reviews on the understanding and application of shared decision-making in health systems and health institutions, including enabling environments for health workers.
- Identifying promising regional practices that highlight key findings and case studies of what works in integrating gender considerations in government health programmes.

- Map strategic entry points to integrate relevant evidence for policy development, investment prioritisation, and programmatic improvements.

- Further build and disseminate the evidence including through publications,

convenings, strategic engagement, conferences and other channels, including social media and podcasts, with the potential to expand partnerships and collective action.

### Policy engagement and convening:

- At least two expert convenings including but not limited to allyship and financing in collaboration with relevant partners—new and existing—with a focus on advancing gender equality in health.

### Network building

- Focused collaborations and convenings leveraging existing networks and partnerships, and building new ones, particularly from Africa and South and Southeast Asia.

### Years 2–5 (2025–2028)

- Deep dives in strategic thematic areas of work through research, analysis, gathering of evidence, convenings, network and partnership building.
- Expanding networks across the global south to further strengthen the integration of rights-based and gender-responsive approaches in health systems and institutions.
- Capacity strengthening of policymakers, programme managers, researchers and donors on addressing gendered dimensions in the key thematic areas of the Work Package.

## **Power and Accountability**

### **Background and rationale**

As an independent global health think tank within the UN system with a mandate to advance the perspectives and needs of states and populations in the Global South, UNU-IIGH has a unique opportunity to take up the challenge to catalyse equitable shifts in power and address key accountability deficits that prevent the equitable and effective functioning of the global health system and hinder adequate responsiveness to the needs of states and populations in the Global South. This new programme of work builds on the decolonising global health work initiated under the 2019–2023 Strategic Plan.

In 2008, the WHO Commission on the Social Determinants of Health called for the inequitable distribution of power to be tackled globally, nationally and locally. However, despite this call and the stark reality of global health power imbalances revealed by the inequitable response to the COVID-19 pandemic, power imbalances are generally neglected in global health.

As structures of governance tend to reflect and be disproportionately responsive to the interests and wants of the wealthy and powerful, a key point of departure of this Work Package will be to address fundamental power dynamics and the lack of systems to hold powerful and wealthy nations, organisations and individuals accountable.

A holistic approach that captures different manifestations of power—political authority vested in governments, the power of financial, economic and material resources, the power embedded in expertise, knowledge and information—and the overt, covert and hidden uses of power is required to understand power as a social determinant of health.

Democratic principles and institutions, including laws, designed to prevent power from being over-concentrated or from being abused are required to prevent or correct harmful power asymmetries. Effective systems of accountability are also required, being an important ingredient of effective and equitable functioning of global health governance and health systems.

In practical terms, accountability involves transparency, answerability, stakeholder involvement in activities and decisions that affect them, and sanctions. Accountability is more than a vertical top-down relationship between a powerful actor and a citizen or community. It should be viewed as multi-directional and include ‘downward accountability’—a powerful actor to citizens and communities—and horizontal—used to equalise power imbalances in partnerships and collaborations. There are multiple mechanisms by which accountability is operationalised. These include laws, regulations, monitoring and evaluation, reporting mechanisms, complaints procedures, and participatory approaches to decision-making. Importantly, systems of accountability must be independent, adequately empowering and adequately funded.

As an independent global health think tank within the UN system, UNU-IIGH has a unique potential contribution to this challenge. In doing so UNU-IIGH would examine the research and policy challenges related to power asymmetries and accountability deficits using a variety of lenses, including decoloniality, intersectionality and powerful actors.

### **Aim**

The overarching aim of this Work Package is to catalyse equitable shifts in power and address key accountability deficits that prevent the equitable and effective functioning of the global health system and prevent adequate responsiveness to the needs of states and populations in the Global South.

The Institute's approach will be to strengthen systems to hold accountable those power holders with the duty to promote equity and fulfil the rights and entitlements of all, regardless of their sex, gender, economic position and other defining social characteristics. The following objectives will contribute to achieving the aim:

- Synthesising research and analyses: bridging the gaps between evidence and policy, and generating practical proposals and instruments for shifting power and improving governance and accountability mechanisms in global health.
- Convening for change: as a neutral convener, UNU-IIGH would leverage our position to advocate for evidence-based change and public support for recommendations that may correct the identified accountability deficits.
- Building capacity in the Global South: to promote global health from the perspective of the Global South, UNU-IIGH will actively seek ways to build and encourage research expertise and scholarship in the Global South.
- Partnerships: the Institute will bring low- and middle-income country voices and leadership to the policy dialogue table, as well as trans-national networks of civil society organizations working in the public interest and in support of the interests of the most marginalized groups in society.

## Phases

### **Year 1 (2024) Building the foundations**

As a new and emerging programme of work, the first year of the strategic period will be dedicated to building the foundations required to ensure impact in the medium and long term and developing the financial

and human resource infrastructure for work to be carried out sustainably and effectively.

- Review the relevant academic and grey literature on power and accountability.
- Develop a set of background papers to define and refine UNU-IIGH's approach to shifting power imbalances and correcting accountability deficits. This will include clear working definitions of accountability, a broad mapping of accountability deficits in global health, and some formative policy research related to key strategic areas.
- Convene meetings with experts and potential partners to grow a community of practice and explore and identify strategic partnerships with key actors, particularly those working on health and climate emergencies in the Global South.
- Explore opportunities to build relevant and appropriate work on power and accountability into other UNU-IIGH projects and strands of work.
- Identify fundraising opportunities.

### **Years 2–5 (2025–2028)**

- Delivering projects and initiatives aimed at catalysing the adoption and implementation of interventions and initiatives to correct power imbalances and accountability deficits.
- Establishing a global network and community of practice.
- Implementing relevant training and capacity-building programmes.
- Fundraising.



## Digital Health Governance

### Background and rationale

As an independent global health think tank within the UN system with a mandate to advance the perspectives and needs of states and populations in the Global South, UNU-IIGH has a unique and important contribution to make towards facilitating cooperation between different stakeholders, including governments, research institutions and the private sector to promote better digital health governance (DHG) globally.

Digital transformation and innovation are rapidly changing health systems. Digital technologies, including artificial intelligence (AI), have the promise to revolutionise access to healthcare, enhance diagnosis, strengthen health workforce and patient engagement, improve health outcomes and lead to the realisation of universal health coverage while reducing healthcare costs. However, these opportunities need to be balanced with potential challenges and risks, making strong digital health governance frameworks imperative.

For example, the impact of digital technologies on the lives of women and girls, particularly concerning sexual and reproductive health and rights (SRHR), presents specific opportunities and challenges. With the help of technology and digital tools, access to reliable information and services related to contraception, abortion, sexually transmitted infection prevention and counselling, and menstrual health can be significantly improved. However, the intersection of AI and SRHR, although not entirely understood, raises additional implications, including issues related to safeguarding bodily autonomy, navigating gendered digital divides, and regulating risks around the use of sensitive data. Additionally, given the prevalence of technology-facilitated gender-based violence and gender biases

in algorithms and the datasets used to train them, we must place women's and girls' rights at the centre of these debates.

In healthcare, biased AI algorithms may also result in a greater percentage of errors in diagnosis or ineffective treatment for groups less represented in data, including racial and ethnic minorities. Accordingly, DHG should also promote diversity in technology design and development. Therefore, it is crucial to have inclusive digital teams with individuals from diverse racial and ethnic backgrounds involved in designing, developing, and testing digital health technologies. This contributes to addressing the unique needs of different populations and mitigating the risk of digital solutions perpetuating racial and ethnic disparities.

DHG involves a multi-dimensional approach to regulating, coordinating, and ensuring the responsible use of digital technologies in healthcare. This approach involves considering the laws, policies, and guidelines for ethical data collection and meaningful consent, product validation, health data privacy and security, and algorithmic transparency and accountability as well as the rights, norms, responsibilities, and risks of digital health technologies. The focus is on enhancing equity in healthcare.

Digital health technologies require rigorous oversight as their unregulated use presents several risks, including personal health data being easily accessed, inappropriate diagnosis and treatments causing delayed health seeking, the spread of health misinformation diminishing the impact of public health campaigns and the digital/non-digital divide where patient-centred services are available for those who can pay and digital services are regarded as cheaper large-scale interventions to expand universal health coverage to disadvantaged populations. Poor DHG can exacerbate inequalities in healthcare access and health outcomes due to gender, literacy, and income-related digital gaps, as well as the rural-urban divide, migrant

status, and disability amongst other intersecting determinants.

DHG requires enabling conditions to support its implementation, including standardisation and interoperability of health information systems (HIS) to promote integrated healthcare delivery, digital health collaborations between governments, private companies and non-profits for the development of global digital goods, a skilled health workforce capable of adapting to the technology integration in healthcare and, international cooperation that facilitates knowledge sharing, avoids the duplication of efforts, and ensures harmonisation of standards. Accordingly, digital health initiatives need to be regulated by strong governance structures aligned with national health policies and international standards.

UNU-IIGH has a unique and important contribution to make towards facilitating cooperation between different stakeholders, including governments, research institutions and the private sector to promote better digital health governance globally.

## **Aim**

The overarching aim of this Work Package is to address the colonial legacies and power asymmetries that negatively impact robust digital health governance, identify ways to strengthen health data governance with a particular focus on SRHR and promote diversity in technology design and development.

The Institute will work in partnership with other UN agencies and academic institutions, UNU-IIGH networks experts, practitioners, policy-makers and academics to serve as a platform for critical thinking, exchange of

knowledge and tools, policy influence, and consensus-building on good data governance practices for better health, especially for communities left behind due to digital gaps.

The following objectives will contribute to achieving the aim of the Work Package:

- Generating recommendations and building consensus on digital health governance through the convening of policy dialogues with member states, UN agencies and other key stakeholders.
- Undertaking translation and dissemination of global guidance and recommendations in digital health governance to make them relevant for country-level decision-makers.
- Supporting the implementation of global guidance through expert briefings, advice and training.
- Developing analytical tools and frameworks to inform the design and evaluation of digital health interventions.
- Reviewing the evidence and generating new knowledge in approaches to addressing gender and intersectional inequalities of health impacts of digital health interventions.
- Strengthening capacity for local decision-making through South-South learning and fostering engagement between academics, professional associations, researchers, civil society and policymakers.
- Developing knowledge products to inform global policy and best practice.



## Phases

### Year 1 (2024)

- Development of research and policy analysis on key areas of DHG.
- Develop and strengthen strategic partnerships with key actors, particularly those working on digital health in the Global South.
- Commence to strengthen the UNU-IIGH's presence in digital health-related forums such as the Global Digital Health Summit.
- Scope out and document the establishment potential of a digital health global network or hub, including as a mechanism to identify funding opportunities.

### Years 2–5 (2025–2028)

- Continued development of research and policy analysis on key areas of DHG.
- Continue the strengthening of UNU-IIGH's presence in DHG-related forums.
- Conduct MOOCs, training and capacity-building programmes, targeting policymakers and researchers in LMICs to strengthen research and policy development on digital health and DHG.
- Conduct strategic convenings, either coinciding with international and regional DHG convenings or developed independently to build buy-in of policy-makers on different aspects of DHG.

## Climate Justice and Determinants of Health

### Background and rationale

As an independent global health think tank within the UN system with a mandate to advance the perspectives and needs of states and populations in the Global South, UNU-IIGH has a unique and important contribution to make towards facilitating cooperation between different stakeholders, including governments, research institutions and the private sector to address the policy dimensions of the climate emergency and its impact on health.

The human rights crisis emerging in the face of climate emergency is unprecedented. The triple effect that this risk poses to human, environmental and animal health creates vulnerabilities not only for the present population but also for the future ones. Children under five bear a disproportionate burden of climate-related disease globally, with 88% of climate-exacerbated diseases affecting the under-fives.

According to the World Health Organisation climate change is expected to cause 250,000 additional deaths per year between 2030 and 2050 due to malaria, malnutrition, diarrhoea and heat stress. The World Food Programme expects that climate change could lead to a 20% increase in global hunger and malnutrition by 2050. A 2°C rise in global temperature would lead to more than 1 billion people suffering from a severe reduction in water resources.

UNU-IIGH can add to the ongoing debates by spotlighting research that demonstrates the inequalities underpinning the health impacts of the climate emergency and highlighting the power asymmetries that determine the capabilities of



communities to undertake mitigation and adaptation measures to safeguard against the negative health impacts of the climate emergency.

To fully understand the differentiated health impacts of the climate emergency, it is critical to understand the larger issue of fairness and justice arrangements, including economic allocation. A justice-oriented approach would require focusing on the great injustice in inadequate or harmful social arrangements. These arrangements include social hierarchies in countries, hierarchies between countries, and the unfettered power of corporate actors that constrain the opportunities for people to be healthy in light of the climate emergency.

## **Aim**

The overarching aim of this Work Package is to leverage UNU-IIGH's position within the UN and network of UNU institutes, network experts, practitioners, policy-makers, and academics and its location in Asia to

serve as a platform for critical thinking, the exchange of knowledge and tools, and to advance evidence-based policy on the different dimensions of the climate emergency and its impact on health.

The Institute would also aim to advocate for evidence-based policy and the public support needed for change through these partnerships and disseminate and communicate findings and results that are practical, implementable and understandable.

The following objectives will contribute to achieving the aims:

- Bridging the gap between evidence and policy: UNU-IIGH will generate and amplify evidence-based recommendations and build consensus on key health impacts to address the climate emergency through the convening of policy dialogues with member states, UN agencies and other key stakeholders.
- Supporting implementation at country level: the Institute is uniquely placed to promote translation and dissemination of global guidance and recommendations in health impact areas of the climate emergency to make them relevant for country-level decision-makers. UNU-IIGH would convene expert briefings, advice and training.
- Dynamic knowledge creation: the Institute will develop knowledge products to inform global policy and best practice. It will develop analytical tools to inform the development, implementation, and evaluation of climate related health programming.
- Localization and capacity building: UNU-IIGH will work towards strengthening capacity for local decision-making through South-South learning and fostering engagement between academics, professional associations, researchers, civil society and policymakers.

## Phases

### Year 1 (2024)

- Development of research and policy analysis on key areas of the health impact of the climate crisis.
- Develop and strengthen strategic partnerships with key actors, particularly those working on health and climate emergency in the Global South. This would include multilateral institutions, academic centres and think tanks, civil society organisations and others.
- Commence the strengthening of UNU-IIGH's presence in climate-related forums.
- Scope out and document the establishment of a global network or hub on climate and health.

### Years 2–5 (2025–2028)

- Continued development of research and policy analysis on key areas of the health impact of the climate crisis.
- Continue the strengthening of UNU-IIGH's presence in climate-related forums.
- Conduct Massive Open Online Courses (MOOCs), training and capacity-building programmes, targeting policymakers and researchers in lower- and middle-income countries to strengthen research and policy development on the health impacts of climate emergency.
- Explore academic partnerships to further enhance research and scholarship on climate justice and determinants of health.
- Strategic convenings, either coinciding with international and regional climate convening or developed independently to build buy-in of policy-makers on different aspects of health impacts of climate emergency.

## Further information

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