



**Driving forward  
health equity – the  
role of accountability,  
policy coherence,  
social participation  
and empowerment**





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## ABSTRACT

A scientific expert review process coordinated by the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe identified societal and institutional factors that singly and in combination offer new explanations on why progress on health equity has not been as fast as had been hoped when the association between individual determinants and inequities was first established. These four key drivers of health equity are: accountability, policy coherence, social participation and, underlying them, empowerment. Work on these drivers informs the Health Equity Status Report initiative (HESRI) and has resulted in three independent companion papers each elaborating further on one of the common goods for health equity – accountability, policy coherence and social participation – as well as this summary paper.

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This publication is one of the products developed under the WHO European Health Equity Status Report initiative (HESRI). The work is led by the WHO European Office for Investment for Health and Development in Venice, Italy and aims to bring forward innovations in the methods, solutions and partnerships to accelerate progress for healthy prosperous lives for all in the WHO European Region. 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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# Introduction

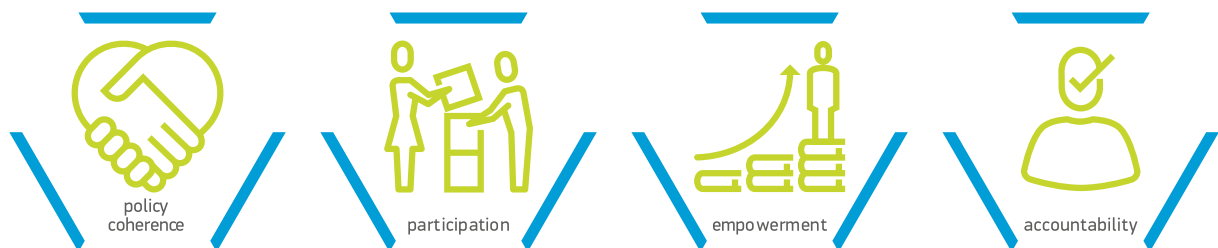
Since the early 2000s, increasing attention has focused on addressing health inequities and working to enable people in the WHO European Region to live healthier and more prosperous lives. Working towards health equity and combatting discrimination is key to implementing the 2030 Agenda for Sustainable Development building on Health 2020, in accordance with the roadmap agreed by Member States in the WHO European Region, which identifies as one of five key priority areas leaving no one behind. Despite great advances and unprecedented efforts, progress nevertheless has not been as fast as expected.

Methods and tools used to move towards equity have largely focused on documenting the unfair differences in health – health inequities – caused by social, economic, environmental and commercial determinants. Important work has been undertaken on measuring and establishing the pathways through which social, economic and environmental determinants influence people’s ability to live healthier and more prosperous lives. While government policies and interventions have often focused on addressing one or several of the determinants, such as the lived environment, education and employment, which are known to be crucial to giving people an equal chance in life, evidence increasingly has demonstrated that addressing one of these aspects (or a combination of them) in isolation from the broader social and institutional factors in society has led to progress not being as fast as expected. To scale up action on health equity and enable the conditions necessary to lead healthy and prosperous lives, including access to health services, a healthy living environment, promotion of community and personal capabilities, opportunities for good quality and predictable work and employment, and measures to ensure income and social protection, action needs to be taken on underlying factors driving health equity.

To this end, a scientific expert review process coordinated by the Office for Investment for Health and Development of the WHO Regional Office for Europe identified societal and institutional factors that singly and in combination offer new explanations on why progress on health equity has not been as fast as had been hoped when the association between individual determinants and inequities was first established (the review process is described in Annex 1).

The scientific expert review, which was part of the WHO European Health Equity Status Report initiative (HESRI), identified **four key drivers of health equity: accountability, policy coherence, social participation and, underlying them, empowerment** (Fig. 1).

**Fig. 1. Four drivers of health equity**



**Each of these social and institutional factors drive health equity on their own, but are dynamic and interact with each other. The expert review suggests that this interaction among drivers is particularly powerful in empowering people and communities to engage actively with decisions affecting their health and its determinants and thereby reducing inequities in both.**

Work on these drivers informs the HESRI and has resulted in three independent companion papers each elaborating further on one of the common goods for health equity – accountability, policy coherence and social participation – as well as this summary paper.

The review also recognized these drivers as being particularly important tools in tackling the epidemic of noncommunicable diseases and the causal effects of non-state actors, such as corporations, in the epidemic – the so-called commercial determinants of health. Addressing the burden of disease resulting from obesity, for example, requires a wider focus on food systems and their regulation and climate change, and the extent to which these are shaped by commercial determinants. Here, the role of community networks demanding policy coherence across levels of governance and accountability of non-state actors is key to curbing the commercial determinants and accelerating for health equity.

None of the aspects is easy to grasp or straightforward to address, meaning evidence of their impact on health equity is often anecdotal or qualitative. As part of this work, experts therefore developed questions for a self-assessment in each of the areas to help Member States and interested parties to map out progress on the drivers at different levels of governance, such as at community or government department levels. The self-assessments can be used to check how a policy process performs, focusing on a specific policy area in a country, and can be used by a variety of actors, from national ministries of health to civil society organizations, seeking to understand performance in each of these processes.

This is particularly important given the limitations of quantitative indicators of health and social outcomes in capturing some of the power imbalances and the complexity of the nature of relationships that shape health equity, including, in particular, where these relate to the commercial determinants of health. Applying the self-assessment will, for example, allow identification of where accountability processes could be strengthened or, indeed, processes may be open to commercial pressures, such as industry lobbying or influence.



## Drivers of health equity as common goods

The experience of policy and practice over the past two decades has shown that where the drivers are present and integrated into actions, policies and interventions to address the five conditions identified by the HESRI as necessary to leading healthy and prosperous lives (health services, living conditions, social and human capital, employment and working conditions, and income security and social protection), they are more effective and their impact is greater, sometimes extending beyond the specific measures targeted. This means that where accountability mechanisms are strong, where policies are coherent across sectors and different levels of government, where there is inclusive and quality participation, and where people and communities are empowered, action for health equity is accelerated.

Importantly, the drivers are relevant to broader agendas of sustainability, inclusiveness and fairness. They have direct and spill-over effects on other sectors beyond health and contribute to healthier, fairer and more prosperous societies. A body of evidence from the field of environmental health, for example, shows how the circular economy not only leads to sustainable growth, but also ensures people live healthier, happier lives in places where there is less waste and pollution, and where green spaces and cities are designed in a way that makes it easier for people to come together socially and to commute by bike or on foot.

The same holds true for the drivers identified here. In relation to participation and engagement, there are now many examples of how greater participation of so-called at-risk groups in key policies such as education and employment has a positive benefit for health equity, and for employment and educational capabilities. **Because of their individual and collective effects on health equity, they are common goods.** Progress towards health equity and allowing people to live healthier and more prosperous lives needs to take them into account.

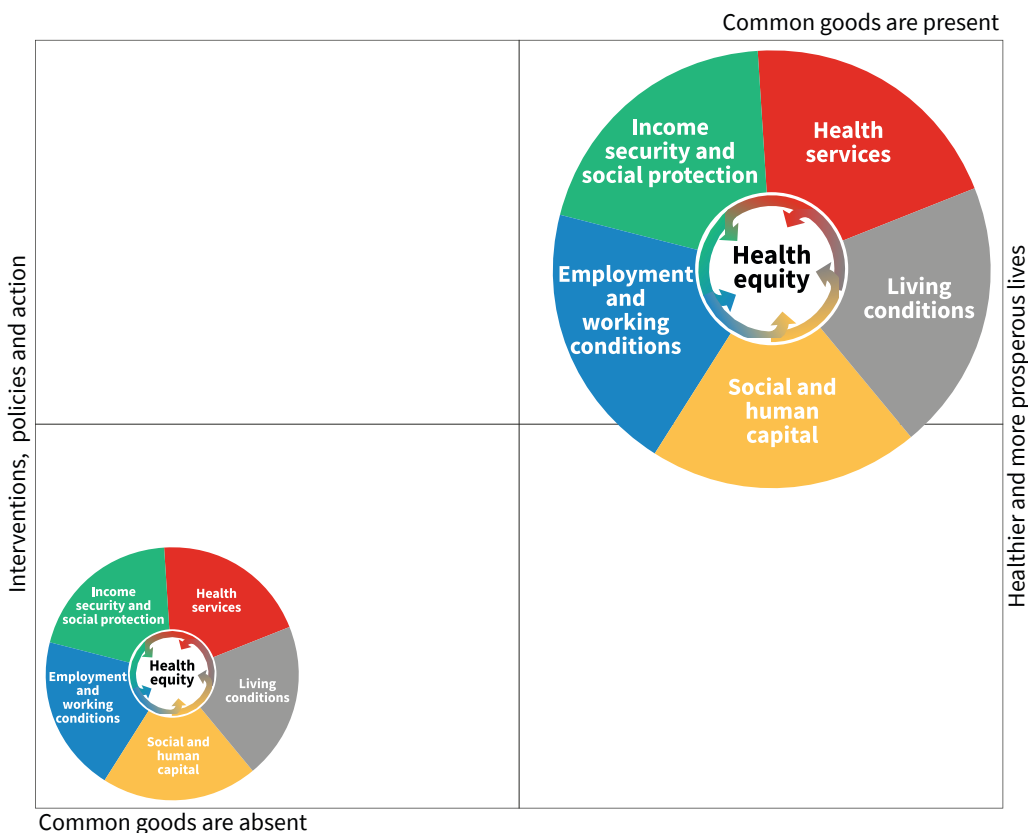
Common goods driving health equity seek to **move forward rights-based approaches** that underpin the delivery of laws, policies and programmes that enable health equity. They do so through the application of core human-rights principles of accountability, participation and due process.

Increased participation and greater accountability lead to more transparent and coherent policy processes and governance. Equally, accountability mechanisms that are strong and accessible can lead to greater participation and empowerment of communities. Greater accountability, especially at local level, also has a strong impact on ensuring more coherent policy, while coherent policy and strong governance structures in turn will result in greater accountability.

Where social participation means influence and consultation, from defining the problem to addressing it, it empowers people and communities to define the conditions that shape their lives and health. This provides further benefits for individual and population health, and has also been shown to create wider benefits beyond health. In turn, where communities or individuals are empowered, they are more likely to make use of accountability mechanisms and participate in, and demand influence over, decisions relating to health, strengthening governance and resulting in more coherent policies. Individually, each of these common goods contributes to advancing health equity. **Taken together, they drive and enable greater health equity in the WHO European Region (Fig. 2).**

WHO's work on the common goods for health equity therefore offers new insight into how to achieve healthy and prosperous lives for all, including through action on the more complex political and societal processes that drive health equity.

**Fig. 2. Common goods enabling health equity**



Each of these common goods drives and accelerates action on health equity for fairer, more sustainable and just societies. The reciprocal relationships between the common goods for health equity are mutually reinforcing, particularly where people and communities are empowered to control their destiny.

The independent expert review papers produced as part of the HESri mechanisms set out in detail how the common goods drive health equity.

## Accountability

**Accountability** mechanisms and processes are defined here as answerability or legal responsibility for identifying and removing obstacles and barriers to health equity. They are important drivers of health equity.

Advancing health equity requires state engagement with accountability processes both within and beyond the health sector (such as poverty reduction, increasing access to affordable nutritious food, and regulating advertising and marketing of alcohol as action on the commercial determinants of health). Accountability is about more than judicial accountability. Understanding accountability as an ongoing process helps to identify multiple entry points and levels for different actors and diverse processes to play a role in enhancing accountability so that it can help to remove new, and address emerging, barriers to health equity.

The paper on accountability as a common good (1) identifies and suggests use of six key types of accountability mechanisms to contribute to greater health equity: judicial; quasi-judicial; financial;

performance; political or democratic; and social. Each provides specific entry points for public health actors.

To be truly transformational, accountability needs to expose the structural barriers (the social, economic and political structures, policies and mechanisms that shape the unfair and inequitable distribution of, and access to, power, wealth and other resources) and commercial determinants that impede progress towards health equity. Accountability is further strengthened where communities are empowered to make full use of accountability mechanisms, through which accountability has empowering effects on individuals and communities. This in turn means there are positive effects for development, justice and fair process, making improved accountability for health a common good.

## Policy coherence

**Policy coherence** across all areas of public policy (2) is important in realizing health equity and well-being for all. Health policies can have a greater impact and tackle unintended negative effects on health equity by other sectors if they are combined and coordinated across actors, institutions and levels of governance.

The United Nations Sustainable Development Goals provide a framework to strengthen policy coherence for health equity. Governance mechanisms for policy coherence that account for health equity operate across a decision-making system. Policy coherence for health equity also means increasing transparency and participation by, for example, introducing mandatory health assessments, changing the membership of key committees to represent health-focused interests, or staffing key bureaucracies with people engaged in the topic: this makes it a common good.

Policy coherence is also particularly important when addressing vested interest and the commercial determinants of health, which often seek to influence policy processes at multiple levels of governance, often with the explicit intention of undermining coherence. Intersectoral initiatives should include equity analysis to ensure that no one is left behind, and interventions do not increase health inequities. The health equity in all policies (HEiAPs) approach is a useful framework for bringing together the relevant actions.

## Social participation

The promotion of **social participation** is a key driver of health equity because it promotes governance mechanisms that provide opportunities for greater health equality: raising awareness and recognition of the rights of groups with the highest level of health disadvantage; transforming so-called vulnerable groups into agents and protagonists of the policies and programmes that affect them; producing new collective knowledge that challenges dominant narratives; promoting coherence, responsiveness, transparency and the rule of law; facilitating the implementation and evaluation of strategies, programmes and activities; and promoting public consciousness about private sector strategies used to promote products and choices that are detrimental to health.

Social participation can therefore be considered an innovative social practice that can be applied at all governance levels and in a variety of sectors. The social participation paper (3) outlines multiple entry points for social participation, very much depending on the nature of political systems in the European Region. The health community is in a unique position to promote greater levels of participation, given its documented positive effects for health.

Six basic components are proposed for a measurement of participation in the Region: inclusion, deliberation, information flow, decision-making, institutional commitment, and community capacity.

## Empowerment

Underlying these three common goods is **empowerment**. A wide body of evidence recognizes that the empowerment of communities is essential to health equity.

This effect occurs through multiple pathways. Increased accountability brings people together to help them redress injustice and gives them a sense of power over collective destiny. Equally, evidence shows how lack of control and power at community level acts as a chronic stressor that negatively affects health and increases inequities.

While community empowerment approaches have become part of mainstream policy interventions in many fields, including health, in some instances it has been used in more problematic ways to focus on individual responsibility for health, rather than to enable an upstream focus on the determinants.

Empowerment as a common good driving health equity overall engages with the distribution of power in society. Public health actors and policy-makers have three key areas through which to further empowerment for health equity: valuing individuals' and communities' knowledge and experiences; maximizing the potential of empowering spaces, such as youth groups or citizens' assemblies; and moving away from stigmatizing narratives of disadvantage. On top of the direct effects on health equity is the extent to which empowerment further facilitates and positively affects the dynamic interplay between the other common goods, leading to greater health equity and a reduction of wider inequities within societies. This is summarized in Fig. 3.

**Fig. 3. Accountability, policy coherence, social participation and empowerment**

Common goods driving health equity are dynamic and mutually reinforcing.

Empowerment acts a catalyst to policy coherence, participation and accountability.



## Summary and conclusion

Reviewing examples of successful practice on the common goods driving action for health equity revealed a number of key issues that appear vital.

First is the increasing importance of non-state actors, including corporations. This is evident in the work on the commercial determinants of health. Defined by Kickbusch as “the strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (4), work for each driver of health equity found that the commercial determinants of health affect health equity and, importantly, that the common goods are essential to addressing successfully the commercial determinants of health.

From the work on common goods as part of the HESRi, it is evident that explicitly addressing the commercial determinants of health will be essential to working towards health equity in the Region, and that this essential work will require attention on the common goods.

Second is the importance of integrated governance. Action on health equity requires intersectoral action within governments, the existence of structures and processes for participation and accountability that ensure coherence between the different levels of governance (subnational, national, supranational and global). The need to consider policy coherence across multiple levels of governance in all efforts to achieve health equity is also evident when dealing with the commercial determinants of health, as examples of the link between trade, nutrition and health demonstrate. Achieving HEiAPs, or at least health equity in as many policies as possible, requires not just abstract good governance, but also governance that efficaciously produces coherent policy for the reduction of health inequalities.

Any analysis of the broad literature on governance reveals five domains: the transparency, accountability, participation, integrity and capacity of the system. Policy coherence for HEiAPs can be restated as: how best do we structure the five domains of governance to address the challenges of definition, influence and persistence for HEiAPs? This is a practical question of how to use time in power to choose procedures, people and priorities that will entrench policies to reduce health inequalities in the future.

Third, the common goods and their wider impact on justice, sustainability and prosperity provide new roles and ways of engagement for public health actors, both in non-health processes and in the way in which health processes simultaneously are shaped and engaged with. A key message emerging from the work on social participation and empowerment is the importance of spaces where people and communities are able to define engagement and come together to determine policies and redress inequities.

A summary of the common goods and their benefits is set out in Table 1.

**Table 1. Common goods and their benefits**

Common goods	Benefits
Increased accountability	<p>Helps identify actors and entry points for advancing health equity</p> <p>Holds governments and non-state actors, including corporations, to account with regard to their impact on health equity</p> <p>Removes barriers and obstacles to health equity (including policies and practices of other sectors)</p>

**Table 1 contd**

Common goods	Benefits
Greater policy coherence	<p>Ensures that progress on health equity is accelerated by local, national, regional and global policies working together</p> <p>Accelerates action on health equity by ensuring sectors work together to consider impacts on health equity and enhance the contribution of health equity to other sectors, ultimately enabling more successful and prosperous lives</p>
Increased social participation	<p>Raises awareness and recognition of the rights of those facing greatest disadvantage</p> <p>Ensures greater engagement with, and implementation of, policy</p> <p>Has an empowering effect for communities and individuals to take greater control over their destiny</p>
Empowerment	<p>Increases health and health equity by bringing people together and providing a sense of collective destiny and control</p> <p>Increases accountability of policies and initiatives</p> <p>Addresses the overall distribution of power in society</p>

In summary, the novel insights on common goods driving health equity provided by the expert review process are essential to informing action on health equity and to the implementation of the 2030 Agenda for Sustainable Development building on Health 2020, in accordance with the roadmap agreed by Member States of the WHO European Region. Such action requires active engagement with the common goods, as suggested in Fig. 4.

**Fig. 4. Engagement with common goods**



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## Annex 1. The process

The Expert Advisory Group convened by the Office for Investment for Health and Development of the WHO Regional Office for Europe, Venice, Italy, identified the need to go beyond targeted interventions on key determinants. It identified, defined and discussed their role in realizing health equity in the context of achieving health for all by 2030. The review process also suggested key roles for the public health community in advancing the drivers, as well as parameters for measuring common goods at country level or in relation to a specific policy process or area. None of the aspects is easy to grasp or straightforward to address.

Work on these drivers informs the Health Equity Status Report initiative (HESRi) and has resulted in three independent companion papers each elaborating further on one of the common goods for health equity – accountability, policy coherence and social participation – as well as this summary paper.

The review process identified that these common goods are not restricted to the health sector; rather, in many cases they relate directly to the overall political system within which policy is developed, agreed and implemented. Greater understanding of how these underlying common goods contribute to increasing equity in health is needed to enable appropriate and effective adaptation of recommendations to fit the diverse traditions and development conditions of countries in the WHO European Region. This is provided in the companion papers, defining and setting out each of these common goods, which form part of the HESRi.







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