Equity, social determinants of health, gender, human rights and ageing

Reducing health inequities – which have been increasing – is a core element of the universal health coverage agenda. This requires intersectoral action on the social determinants of health. It also requires equity-focused, gender-responsive and human rights-based policies and actions within the health sector. Due to declining fertility and longer life expectancy, the proportion of people aged 60 and above is growing faster than any other age group in the Western Pacific Region. This trend reflects, in part, the success of public health and development policies, but also poses challenges to societies and health systems as they try to maximize the functional capacity, security and participation in society of older people. In response, the Regional Office for the Western Pacific has been strengthening its work on equity, social determinants of health, gender, human rights, and ageing and health.
At the sixty-fourth session of the Regional Committee for the Western Pacific in October 2013, a high-level panel discussed ageing and health, and Member States endorsed the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) covering four pillars of action: fostering age-friendly environments through action across sectors; promoting healthy ageing across the life-course and preventing functional decline and disease among older people; reorienting health systems to meet the needs of older people; and strengthening the evidence base on ageing and health.

Results achieved

Progress has been made on policy and programme support, building evidence, and strengthening capacity tools and resources.

WHO supported evidence building, policy dialogue and programme implementation, focusing on reorienting health systems to meet the needs of older people. Support was provided for evidence-informed policymaking on ageing and health in China and for implementing the National Program on Healthy Ageing and Health of Older Persons in Mongolia.

WHO supported Tianjin City, China, to empower women to promote smoke-free homes. Cambodia, China and Viet Nam conducted workshops to adapt the 2013 WHO clinical and policy guidelines: Responding to intimate partner violence and sexual violence against women. WHO organized subregional workshops in Manila, the Philippines, and Nadi, Fiji, and assisted Cambodia, the Lao People’s Democratic Republic and Papua New Guinea in measuring violence against women.

To strengthen evidence, WHO published a regional report on health in all policies and country case studies on violence against women in Kiribati and Solomon Islands and on intersectoral action in Palau and Viet Nam. WHO initiated analysis on reorienting health systems to meet the needs of older people and migrants. WHO also developed regional fact sheets on ageing, equity, human rights, gender and violence against women and 20 country fact sheets on ageing.

WHO staff capacity was strengthened through training and briefings during regional meetings in China and Papua New Guinea. Awareness-raising events were organized for Human Rights Day, 10 December 2013, and for International Women’s Day, 8 March 2014.

Future directions

Member States increasingly recognize that equity-focused, gender-responsive and human rights-based health policies and programmes, as well as action on the social determinants of health, are critical for promoting health for all. WHO will continue country-specific collaboration with Member States and partners to meet the health needs of older people and other vulnerable or marginalized groups and reduce health inequities on the path to universal health coverage.