# United Nations University
## Annual Report 2022

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2022 has been a year of rapid acceleration towards implementing the United Nations University International Institute for Global Health (UNU-IIGH) 2019–2023 Strategic Plan. Programmes have advanced, and the Institute has consolidated its position in global health, including strengthening its relationships with the UN, the UNU and the Malaysian health system. Most performance indicators have been achieved three years after implementing the Strategic Plan. Hence, it is with a great deal of pride that I acknowledge the collective talents and efforts of the staff and external faculty of consultants, visiting fellows, and interns for their continued engagement with and contribution to the work of the Institute.

2022 has also been a year of change. During this year, we bid a fond farewell to our former Director, Pascale Allotey. Pascale served as Director of the Institute from September 2017, spearheading work during the Strategic Plan and the challenging times of the COVID-19 pandemic when the Institute had to pivot and adapt. Under her excellent leadership, the Institute became a dynamic and widely respected think tank on global public health and gender issues. We wish her all the best in her future work in the role as Director of The Human Reproduction Programme (HRP) at the World Health Organisation, one of the oldest alliances in Global Health.

We also welcomed our new Director, Rajat Khosla. Rajat comes to us with a wealth of experience working at the intersection of global health, equity, and human rights. His research, policy and publication expertise and close relationships with a range of bilateral and multilateral donors and foundations will be an asset as he guides the Institute’s work through the Strategic Plan’s final year. His experiences will be essential to taking the excellent research work at UNU-IIGH to the next level via the 2024–2028 Strategic Plan.

I want to acknowledge a few key Institute successes. First, the Gender & Health Hub demonstrates the Institute’s role as an influencer and trusted partner in convening, researching and informing policy. Secondly, the launch of the Regional Training Centre for the Western Pacific Region, maintained by the Malaysian Global Health Consortium, is building a solid network of implementation researchers in the region. And thirdly, the Institute’s recent project, the Catalysing Policy Improvement in Africa project, which aims promote and produce maternal, newborn, sexual and reproductive health policy improvement and development in 5 African countries. This work, indeed all of the work of the Institute, will substantially contribute to the implementation of evidence-informed sustainable programmes to meet the 2030 SDGs.

We also acknowledge the generosity of the Government of Malaysia through the Ministry of Higher Education and our host Institution, Universiti Kebangsaan Malaysia (UKM), the Ministry of Health, and our multiple donors, partner institutions, and civil society stakeholders.

This report highlights all the Institute's key achievements over the past year, setting the scene for new goals and objectives for the Strategic Plan 2024–2028. Thank you for your continued support of UNU-IIGH.

Flavia Bustreo
Chair, International Advisory Board
The UNU is not a conventional academic university. It is a think tank and centre for policy analysis that is responsive to the needs of its key stakeholders. The UNU-IIGH is the designated UN think tank on global health. The work of the Institute is anchored on the long-term vision and role as an independent, neutral, research-based institute for the UN system and external stakeholders. The research agenda responds to evidence and policy needs for health to meet the 2030 Agenda for Sustainable Development and to support the UN system, Member States, and civil society organisations.

Since the onset of the 2019–2023 Strategic Plan, the Institute has established a wide range of partnerships, across the UN, academia, government and other research, knowledge generation, and policy organisations, including the media and academic journals. The Institute has further strengthened and expanded its partnerships with civil society organisations in the Global South to amplify their expertise and knowledge in national, regional and global engagements and discourse. We have contributed to global health policy via collaborations with high-level global development entities, such as the G20 and the SDG3 GAP, by influencing their respective policies and research agendas, including the recommendations to prevent future pandemics and the inclusion of gender equality into global health policies. UNU-IIGH has successfully established new partnerships, has attracted medium- and large-size funding, and increased the number of multi-year donors.

Across the Pillars, the Institute has systematically emphasised low- and middle-income country perspectives, human rights and equity, engaging a range of partners from the UN and other multilateral organisations, academia and civil society in the intersection of research and policy.

I am honoured to have been appointed UNU-IIGH Director, and I thank the Advisory Board and the talented staff of the Institute for warmly welcoming me. 2023 is the final year of the Strategic Plan and a time for reflection. Preparation of the 2024–2028 Strategic Plan represents a unique opportunity. It is a time to review and renew, to continue to effect change through policy analysis, research and capacity building, 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.

I look forward to working with the UNU-IIGH team, the Advisory Board and others as I direct the Institute and as we develop the next Strategic Plan.

I would like to acknowledge the outstanding work of Professor Pascale Allotey. As Director of UNU-IIGH (September 2017–June 2022), Pascale oversaw global health analyses that focused on gender equality in global health. She led the Institute as it assessed the status and impact of gender in global health programmes across the UN agency space and evaluated gaps for collaboration and engagement with civil society and policymakers on implementing evidence-informed sustainable programmes to meet the 2030 Sustainable Development Goals. I would also like to thank Rector Prof David Malone for his stewardship and guiding the work of the Institute.

Finally, I would also like to acknowledge the generosity of the Government of Malaysia through the Ministry of Higher Education and our host Institution, Universiti Kebangsaan Malaysia (UKM), the Ministry of Health, and our multiple donors, partner institutions, and civil society stakeholders.

Rajat Khosla
Director, UNU-IIGH
Introduction

The United Nations University International Institute for Global Health (UNU-IIGH) is the designated UN think tank on global health, serving as a policy translation hub for UN member states, agencies and programmes. Established in March 2007, UNU-IIGH 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) to engage effectively with global health challenges within the 2030 Agenda for Sustainable Development.

In 2019, our Institute began implementing a five-year strategic plan anchored in our long-term role as an independent, neutral, research-based institute, grounded in the values of the UN Charter, providing research and policy advice to the UN system and external stakeholders.

Building on our strategic advantage and position vis-à-vis the UN and the global health ecosystem, our strategy aims to advance evidence-based policy on key sustainable development and health issues.

2020 and 2021 were a time of critical transformation in global health and the work of the Institute. When the COVID-19 pandemic hit in 2020, we adapted and reprioritised our areas of work while continuing to deliver on our primary 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.

In this report, we share our progress in 2022, identify where we are now, and set out the next steps we are taking to shape the future of global health.

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

**Goal**
Advance evidence-based policy on key issues related to sustainable development and health

**Objectives**
- Translate evidence to policy
- Generate policy-relevant analysis
- Strengthen capacity for local decision-making
KEY ACHIEVEMENTS

- 57K Website Visits
- 42 Publications
- 79 Convenings
- 9K Social Media Followers

Photo credit: UNU-IIGH
Pillar 1.
Translating Evidence to Policy

Throughout the UNU-IIGH Strategic Plan, UNU-IIGH has translated and disseminated the large body of evidence generated by global health institutions into guidance and recommendations that have been relevant for country-level decision-makers. As a neutral convener, the Institution has co-designed and co-produced convening and communication initiatives with Global South partners to ensure that the evidence generated is inclusive and reflective of the voices and priorities of the most affected people and regions and is translated to policies that benefit them.

We engaged in translating evidence to policy work through our key projects in 2022:
- 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.

PILLAR 1 SUCCESSES

In 2022, our efforts to achieve our strategic objective of translating evidence to policy by providing convening spaces to amplify a diversity of voices, particularly from LMIC, resulted in the following successes.

- **48** convenings on research, policy engagement and development
- **34** partnerships with strategically relevant organisations
- **76.9%** average representation of LMIC participants in convenings
- **2.7k** total participants benefited from our convenings
PROJECT

**Shifting Power in Global Health: Decolonising Discourses**

An increasing number of individual and institutional voices have called for a reassessment of the global health system and greater recognition of its colonial heritage and its current power asymmetries. Within this context, the "Shifting Power in Global Health: Decolonising Discourses" series was co-convened by UNU-IIGH, Development Reimagined, and Wilton Park.

Held as a set of three dialogues between November 2021 and May 2022, the discourses took as their point of departure the many discussions, webinars, and publications presenting how coloniality manifests within global health, intending to shift from problematising coloniality to catalysing decoloniality.

Building on our unique position as a think tank within the UN ecosystem, UNU-IIGH has launched a programme of work dedicated to Decolonising Global Health which aims to build upon these dialogues through research, analysis and convening aiming to catalyse action and eventual change within the global health system.

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**BOX 1. Decolonising Global University Rankings**

Prominent topics within broader conversations about the need to ‘decolonise global health’ have included the power imbalances between universities in the Global North and those in the Global South as well as the disproportionate and inappropriate influence of the former over the education and research activities of the latter and the shaping of global health priorities and policies. Associated with this has also been a concern about perpetuating various stereotypes, biases, and prejudices rooted in colonial histories.

Calls have consequently been made for the decolonisation of academic global health and a more critical appraisal of the dominant ideas, narratives, and perspectives in education and research propagated by the more powerful institutions of the North.

In doing so, it is necessary to consider and overcome the structural forces and institutional factors perpetuating inequities, biases and prejudices within the higher education sector to help make progress in this regard. Among these are the forces and factors in the global university rankings industry.

UNU-IIGH has produced a briefing paper that examines the manner in which global university rankings entrench coloniality, reproduce inequalities, distort policies, and enable commercial exploitation within the globalised higher education sector.

It has also convened an Independent Expert Group (IEG) to discuss global university rankings and propose solutions, with particular attention to the needs of universities, academics, and students from the Global South and perspectives from the field of Global Health.
The Lancet Commission on Gender and Global Health

UNU-IIGH serves as a thought partner and secretariat for The Lancet Commission on Gender and Global Health—an inter-disciplinary commission drawing on five core principles: global, feminist, political, intersectional and SDG-relevant, to advance conceptual clarity, evidence of what works and effective strategies in gender-responsive policies and programmes across all sectors to achieve both gender equality and health equity. UNU-IIGH co-chairs the Commission with leading experts Sarah Hawkes from the UCL Centre for Gender and Global Health and As Sy Elhadji from the Kofi Annan Foundation.

UNU-IIGH has used its role within the Commission as a vehicle to develop, test, and refine a decolonial feminist approach to engagement. Supported by the Ford Foundation, UNU-IIGH staff have worked with expert partners from youth-led, feminist activist organisations at the intersection of gender and health in South Africa and Kenya. Changemakers was an initiative to bring new voices and forms of evidence to bear on the key messages and recommendations of the Commission. It also sought to interrogate notions of who is considered an expert, what forms evidence can take in, and how we can decolonise the evidence-to-policy/decision-making process.

Our Institute has secured additional funds from the International Development Research Centre (IDRC) to further develop this work during the final stages of the Commission.

The Lancet Breastfeeding Series

The Lancet Series on Breastfeeding is a ‘research to policy’ initiative coordinated by a team of individuals from WHO, UNU-IIGH and Yale University. The Series consists of three research papers. The first <Breastfeeding: crucially important, but increasingly challenged in a market-driven world> is focused on the physiology, behaviours and immediate environment of maternal-infant dyads. The second <Marketing of commercial milk formula: a system to capture parents, communities, science, and policy> is focused on the marketing of commercial milk formula. The third The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress> is focused on the broader political economy of infant nutrition, maternity protection and breastfeeding support systems.

A multi-disciplinary team of scientists and public health specialists from within academia, inter-governmental agencies and civil societies wrote the papers. A loose alliance of other actors and stakeholders have also been convened to ensure that when the papers are published in 2023, there will be a rapid and broad uptake of the information and active engagement with policymakers.

In the run-up to the production of the Series, several strand-alone research papers have also already been published in 2022, including "Who benefits from undermining breastfeeding? Exploring the global commercial milk formula industry’s generation and distribution of wealth and income", which analyses the economics of the milk formula industry and, which examines the actions of corporate actors to influence US government policies and positions concerning WHO.
Catalysing Policy Improvement in Africa for Maternal, Newborn, Sexual and Reproductive Health in Senegal, Burkina Faso, Tanzania, Uganda and Mozambique

The Catalysing Policy Improvement in Africa (CPIA) project commenced in August 2022. CPIA is not a traditional research project. Instead, it is aimed at catalysing tangible policy improvement and development in Maternal, Newborn, Sexual and Reproductive Health (MNSRH) policy in 5 African countries—Senegal, Burkina Faso, Tanzania, Uganda and Mozambique. The UNU-IIGH works through a core partner within each country that acts as an anchor point for IIGH and CPIA. The model of external assistance utilised is decolonial, nationally led and considerate of the need to strengthen local research and policy-making systems and institutions, positively synergistic with other externally-driven initiatives, and committed to prioritising equity in both processes and outcomes.
Pillar 2.
Generating Policy-Relevant Analyses on Gender and Health

Our Institute serves as a platform for reviewing evidence and generating policy-relevant analysis on the integration and impact of gender mainstreaming on health systems, institutions, interventions, and outcomes. We made significant strides in advancing the integration of gender in global health policy and programming by collaborating with global, regional, and local partners. This work included consolidating evidence and identifying appropriate and practical solutions to catalyse and sustain gender-responsive change within institutions, systems and sectors.

The first two phases of Pillar 2 spanning 2019–2021 involved diagnosing the challenges related to advancing gender equality in health and developing synthesised evidence on how to address these challenges, with a particular focus on UN agencies and Member States. During these first two phases a set of analytical approaches and tools to address gender inequality in health effectively were also developed.

Phase three (2021–2023) Dissemination—through events, workshops and training—is currently focused on socialising the learnings to advance change in policy and practice. Together with partners, UNU-IIGH will inform and engage with policymakers in Member States and within the UN system to use the analytical approaches and tools developed, to support a more evidence-based approach to gender and health.

In 2022, we engaged in global health and evidence generation and dissemination to advance gender equality in health through several programmes of work, including the following three key projects:

- Gender & Health Hub
- Research Agenda on Gender and COVID-19
- What works to integrate gender in government health programs: Lessons from Promising Practices in Africa, South Asia and Southeast Asia?
PILLAR 2 SUCCESSES

52 synthesised pieces of evidence in a variety of formats including evidence summaries, case studies, reports, videos, and podcasts

100% growth in online community with 4,240 followers across Twitter, Instagram, Facebook, and LinkedIn

11 new partnerships with organisations serving on 3 regional advisory committees

21.3k downloads of the GHH’s podcast series on Women’s Health and Gender Inequalities in partnership with the WHO and the BMJ

Photo credit: UNU-IIGH
Launched in 2021, the Gender and Health Hub (GHH) is our Institute’s network-driven platform that co-produces evidence to inform and support global, regional and national action on gender and health in substantial, innovative, and disruptive ways. As a vibrant hub, it bridges knowledge gaps and fosters thought leadership through evidence co-production, mutual capacity strengthening, brokering innovative partnerships, amplifying new voices, and cultivating meaningful alliances and catalytic networks to reduce gender inequities and improve health outcomes.

In 2022, the Hub 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 practice-based learning yielded five ingredients for the successful integration of gender at the institutional level and in health programmes:

- supportive leadership and gender technical expertise
- gender-responsive institutional structures including financing, tools and accountability
- meaningful engagement with feminist CSOs as experts and decision makers
- evidence and data for change
- collective, building on comparative advantage to advance the work.

These findings, which were derived from case studies, document achieved outcomes, pre-existing contextual factors enabling success, and mechanisms that sustained change. Fourteen standalone case study briefs were generated and also made available. These results have been integrated into and have influenced key global health institutions’ gender and equity strategies and action plans, and facilitated the engagement of UNU-IIGH in strategic discussions, for example, WHO’s Policy and Strategy for Advancing Health Equity, Gender Equality and Human Rights 2022-2030, the Global Fund’s Equity, Human Rights and Gender Equality metrics, and UNDP’s global and country engagement strategies.

The GHH also launched "The Power Of Feminist Leadership" Think Piece and Podcast Series. The Series builds on the five ingredients of success derived from the What Works in Gender and Health in the United Nations to explore contemporary issues related to each ingredient of success. To date the series includes four think pieces and nine associated podcasts involving five authors and over thirteen guest speakers, and has been collectively downloaded over 3000 times.

The GHH has also facilitated presentations and strategic engagement at various fora, from UN country offices to regional and global symposia and institutional collaborations.
Research Agenda on Gender and COVID-19

Significant strides have also been made in amplifying the experience and expertise of Global South actors, experts and institutions in the mainstream discourse of gender and global health. 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 coordinated by WHO, emerged from a series of webinars and a community discussion board. It is a crowd-sourced collaborative, anchored in the Global South that engaged with over 900 participants to articulate, develop and prioritise a shared, policy-relevant and people-centred research agenda on gender and COVID-19 that will inform investments in multi-disciplinary public health research and research and development.

The initiative has resulted in convening a session on gender-responsive research priorities at the WHO COVID-19 Global Research and Innovation Forum in February 2022. The outcomes of the Forum informed the development of WHO’s revised COVID-19 Global Research and Innovation Roadmap with clear goals, priority actions and milestones. Over the last two years, GHH has used its unique position and convening powers to centre gender equality and the needs of women, girls and marginalised communities in global health policy discourse pertaining to COVID-19.

What works to integrate gender in government health programs: Lessons from Promising Practices in Africa, South Asia and Southeast Asia

The UNU-IIGH is partnering with two leading regional public health institutes, the School of Public Health at the University of Western Cape in South Africa and the Public Health Foundation of India through its Ramalingaswami Centre on Equity and Social Determinants of Health, to take forward a new project. The partnership builds on the methodology and learnings from What Works in Gender and Health in the United Nations study and aims to identify and analyse promising cases of gender integration into government health programmes in Africa, South Asia and Southeast Asia, to understand what worked, where, for whom, why, and how at scale.

The Regional Promising Practices project aims to create an evidence base of critical factors that lead to successful gender integration in government health programmes at the regional or national level. The evidence base will be developed through a practice-based analysis of 8–10 cases spanning three regions (roughly 2-3 case studies per region). The aim is to identify transferable lessons and inform current and future health programmes in the respective regions to integrate gender perspectives more effectively.
In 2022, 51 potential case studies were identified through an open call, desk review, and follow-up with key stakeholders in partnership with CSOs and academic institutions active on the ground. The project will conclude in 2023 with eight in-depth case studies from across sub-Saharan Africa, Southeast Asia and South Asia, complemented with country-focused policy dialogues to reflect on the evidence generated and to inform policy and program adjustments. Catalysed by this project, the African Union’s COVID-19 Commission Working Group on Gender and Stigmatisation, the School of Public Health at the University of Western Cape (SoPH at UWC) and UNU-IIGH have initiated a Community of Practice (CoP) on gender and health informed by a continent-wide survey of 120+ participants from over 36 countries. The purpose of the CoP is to facilitate Africa focused regional expertise, collaboration and policy-relevant knowledge production, and it will launch in early 2023.

**BOX 2. Gender Equity in Vaccine Development, Deployment, Access, and Uptake**

Despite evidence that sex, gender, and intersectional inequities limit the success of vaccine rollout and embed injustice in efforts to achieve health for all, there is an unconscionable absence of gender and sex considerations in global vaccine development, deployment, access and uptake efforts in response to COVID-19. To address this gap, UNU-IIGH co-produced and disseminated a guidance note and checklist on tackling gender-related barriers to equitable COVID-19 vaccine deployment, launched in March 2021. This work was done in partnership with 10 SDG 3 Global Action Plan (GAP) organisations, including WHO, GAVI - the Vaccine Alliance, Global Financing Facility, UN Women, UNFPA, UNDP, ILO, UNAIDS, UNICEF, and the World Bank Group. The Checklist, aligned with national vaccine deployment plans, is available in 5 languages, promotes a greater understanding of gender barriers related to the rollout of vaccinations, and identifies solutions that country teams can implement. The Checklist also informed USAID’s vaccine deployment country operations and underpinned regional listening sessions with women-focused organisations (WFOs), organised by UN Women and partners, to inform the COVID-19 vaccine rollout in Asia and the Pacific.

To sustain the momentum for more equitable ongoing and future vaccination and immunisation efforts, UNU-IIGH, in partnership with WHO, Feminists for a People’s Vaccine Network, the Lancet Commission on Gender and Global Health, convened a high-level roundtable at the World Health Summit 2022. Over 35 senior decision-makers from governments, CSOs, UN entities, and donor communities, who lead and shape global pandemic response infrastructure in various capacities, participated in the event. The session leveraged their collective influence to identify avenues for coordinated action to address gender-related barriers operating at multiple levels, ranging from the individual, household, and community to health systems.

Regarding capacity building on this topic, UNU-IIGH co-developed an online lecture in collaboration with ADBI, GAVI, and UNICEF to strengthen capacity for informed action on addressing gender gaps in vaccination and immunisation through a life course approach. The lecture, targeted at policymakers, project implementers, managers, and the general public, will be released in March 2023.
Pillar 3.
Strengthening capacity for local decision-making

While the global health effort is led mainly by countries and institutions in the Global North, the significant burden of disease and poor health is experienced by populations in the Global South. Proposed solutions and interventions, therefore, often fail due to inappropriate consideration of local contexts.

Malaysia has a high-functioning health system, comprehensive primary health care infrastructure and a convincing report card on achieving Universal Health Coverage. UNU-IIGH’s decade-long partnership with the Malaysian government leverages the country’s remarkable progress in improving health outcomes to form a platform for South-South engagement and learning.

Working with the government, the UN Country Team, academe, and civil society, our Institution formed and launched the Malaysian Global Health Consortium in 2018. The Consortium brings together academics, professional associations, researchers, policymakers, and local professionals in global health activities, focusing on South-South collaborations and capacity building.

2019–2020 was a period of consolidating evidence and distilling key learnings from the Malaysian health system that could inform policies in other low- and middle-income settings. Since 2021, UNU-IIGH has supported the Consortium in the rollout and delivery of training and other efforts to strengthen capacity for decision-making in the region and the Global South.

In 2022, our Institution continued to engage in capacity-building work through ongoing projects, including:
- Regional Training Centre for the Western Pacific Region
- MOOC incorporating an intersectional gender perspective into implementation research
- Mini-MOOC of implementation research for health managers
- Learner personas and their learning pathways for the WHO MOOC on Implementation Research
- Update of WHO Gender Mainstreaming Manual
- Local capacity building (systems thinking training and implementation research).
PILLAR 3. STRENGTHEN CAPACITY FOR LOCAL DECISION-MAKING

PILLAR 3 SUCCESSES

- **21** training programmes conducted
- **2.1k** total events and training participants from LMIC
- **66.8%** representation of training participants who are women
- **62.5%** representation staff and visiting fellows from LMIC
- **300** individuals participated in MOOC to strengthen capacity to incorporate gender and intersectional lens in implementation research projects

Photo credit: UNU-IIGH
**Box 3. Incorporating an intersectional gender perspective in Implementation Research MOOC**

1. **UNU-IIGH, in partnership with WHO TDR, developed, organised and facilitated a MOOC that incorporates an intersectionality gender perspective in implementation research. The five-module training aimed to ensure that by the end of the course, the participants would be able to design their implementation research projects with an intersectional gender lens, critically evaluate and use the evidence produced by other implementation research projects, and commission robustly designed implementation research projects that consider gender dimensions and other intersecting axes of inequality. This MOOC targets public health researchers and decision-makers, disease control programme managers, academics and others. Two hundred and eighty-four people participated in the first session of the training from 20 June to 11 July, mainly from the Global South.**

2. **A mini-MOOC has also been developed for implementers in the Western Pacific Region with case studies from Malaysia and Indonesia (collaboration with TDR and RTC WPR). This short MOOC aims to build the competencies of health workers and managers that are part of implementation research teams. The 4-hour video addresses the effective delivery and scale-up of evidence-supported interventions in clinical and public health settings.**
An essential UNU-IIGH publication in 2022 was Learner Personas and Their Learning Pathways for WHO TDR’s Massive Open Online Course on Implementation Research. The report provides insights into the needs and perspectives of professionals wanting to learn how to design and conduct implementation research. Specifically, the study targeted health researchers from lower and middle-income countries who participated in the MOOC on implementation research offered by TDR since 2018. The report provides recommendations to inform the strategy and decisions of educators and donors investing in building capacity in implementation research.

**PROJECT**

**Update of the WHO Gender Mainstreaming Manual for Health Managers**

The Gender Mainstreaming Manual has been a critical tool for WHO capacity building and training activities since its publication in 2011. Our Institute, in collaboration with WHO Gender, Equity and Human Rights (GER), is updating the manual to incorporate new scientific evidence and conceptual advances on gender, health and development, to provide technical guidance for mainstreaming gender in health for WHO leadership and normative and advocacy work.

**PROJECT**

**Local Capacity Building**

This project covers all local (Malaysia) training initiatives and support undertaken by UNU-IIGH, not specifically part of an external grant. These training initiatives and support are primarily with and for the Malaysian Ministry of Health via the Institute for Health Systems Research and involve collaborations with other partners, such as the Systems Thinking workshop with UNDP Malaysia and IR for preventing non-communicable diseases with RTI International. Additionally, several courses and workshops were held for IIGH staff and fellows throughout the year, focusing on strengthening policy analysis and research skills: health policy analysis, gender mainstreaming in health, and advanced qualitative and quantitative research methods.
Partners & Stakeholders

Across the pillars, UNU-IIGH has systematically emphasised Global South country perspectives, further strengthened and expanded our partnerships with CSOs in the Global South to amplify their expertise and knowledge in regional and global engagements and discourse, engaged a range of partners from the UN (such as, WHO and its Special Programs, UN Women, UNDP) and other multilateral organisations such as academia, academic journals and CSOs.

We have also successfully attracted medium- and large-size funding and increased the number of multi-year donors.
Our Institute takes pride in having a diverse and gender-balanced roster of talented team members composed of researchers, visiting fellows, consultants, academic programme and operations staff, and interns.

During 2022 our Institute welcomed several new team members, including our new Director, Rajat Khosla. We now have 21 full- and part-time personnel, 13 visiting fellows, 13 interns, and a network of over 47 consultants whom we continue to rely on to extend our expertise in global health and related disciplines.

Our team also benefits from the skills, guidance, and knowledge of the International Advisory Board (IAB), which convenes to review our operations and provide strategic advice. The Board comprises renowned individuals with different backgrounds and experiences from our host country Malaysia and overseas.
UNU-IIGH has had the privilege of hosting 13 interns through the institute’s internship programme. We are grateful for their valuable contributions and acknowledge the added value of their presence to the institute’s ongoing work.
The basic revenue for operating expenses of the UNU and the Institutes in the UNU system is generated by the investment income from the UNU Endowment Fund (UNUEF). The capital for UNUEF consists of voluntary contributions from governments, agencies, foundations and individual donors.

Fiduciary responsibility for the investment of UNUEF rests with the Secretary-General of the United Nations.

We acknowledge the generosity of the Government of Malaysia for the capital contribution to establish UNU-IIGH in Malaysia.

Below is a summary of the total income and expenditures of UNU-IIGH for 2022.
In 2022, UNU-IIGH continued to lead efforts and work with partners from UN agencies, government ministries, academic institutions, media, donors, and CSOs to carry out programmes and projects that contribute to the 2030 Agenda and address pressing challenges in global health. Our programme engagements in the past year spanned diverse work areas and geographic locations.

For the final year of the strategic plan, will there be an evaluation of the projects, achievements and lessons UNU-IIGH Strategic Plan 2024–2028—any information on its planned development.
ABOUT UNU-IIGH

UNU International Institute for Global Health (UNU-IIGH), Kuala Lumpur, Malaysia is the designated UN think tank on global health, serving as a policy translation hub for UN member states, agencies and programmes. It was established by a statute adopted by the Council of the United Nations University in December 2005.

The Institute generates policy-relevant analysis by applying a gender lens to inform the development, implementation and evaluation of health programmes. UNU-IIGH also supports capacity development of local decision-makers and stakeholders to engage effectively with global health challenges within the 2030 Agenda for Sustainable Development.

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