Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization

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Any enquiries about this evaluation should be addressed to:

Evaluation Office, World Health Organization
Email: evaluation@who.int

Table of contents

Executive Summary ..... **i**

Introduction **1**

Methods **4**

Findings **8**

EQ1: To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization? 8

EQ2: What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization? 24

EQ3: How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration? 38

EQ4: What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work? 54

Conclusions **63**

Recommendations **66**

This report is supported by a separate volume of nine annexes the content of which is as follows:

Annexes (separate volume)

Annex 1: Terms of reference
Annex 2: Evaluation matrix
Annex 3: Evaluation logic model
Annex 4: Bibliography
Annex 5: List of respondents
Annex 6: Country Office GER Focal Points survey results
Annex 7: Country Cooperation Strategies analysis
Annex 8: Indicators analysis (UN SWAP, OSC, MOPAN)
Annex 9: GEHR-related recommendations in WHO evaluations since 2019

List of acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality
ADG	Assistant Director-General
AFRO	WHO Regional Office for Africa
AHSBA	Adolescent Health Services Barriers Assessment
AIDS	Acquired Immunodeficiency Syndrome
AMRO/PAHO	WHO Regional Office for the Americas/Pan American Health Organization
ANC	Antenatal Care
APW	Agreement for Performance of Work
CBO	Community Based Organization
CC	WHO Collaborating Centre
CCA/CF	Common Country Analysis/Cooperation Framework
CCM	Country Cooperation Mechanism
CCS	Country Cooperation Strategy
CD	Cultural Diversity
CESCR	Committee on Economic, Social and Cultural Rights
CO	Country Office
COVID-19	Coronavirus Disease 2019
CRE	Office of Compliance, Risk Management and Ethics
CRPD	Convention on the Rights of Persons with Disabilities
CSDH	Commission on Social Determinants of Health
CSO	Civil Society Organization
DDI	Division of Data Analytics and Delivery for Impact
DG	Director-General
DGO	Office of the Director-General
DHS	Demographic Health Survey
DPM	Director Programme Management
EB	Executive Board of the World Health Organization
ECOSOC	United Nations Economic and Social Council
EDI	Equity, Diversity and Inclusion
EMRO	WHO Regional Office for the Eastern Mediterranean
ePMDS	Electronic Performance Monitoring and Development System
EQ	Evaluation question
ESF	Environmental and Social Framework
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FCV	Fragile, Conflict and Vulnerable settings
FGM	Female Genital Mutilation
FENSA	Framework of Engagement with Non-State Actors
FOGSI	Federation of Obstetrics and gynaecologist's society of India
FP	Focal Person
GAC	Global Affairs Canada
GAP	Global Action Plan
GBV	Gender-Based Violence
GEEW	Gender equality and the empowerment of women
GEHR	Gender, equity and human rights
GER	Gender, Equity and Human Rights Unit

GF	Global Fund for Tuberculosis, AIDS and Malaria
GH5050	Global Health 50/50
GHO	Global Health Observatory
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GPEI	Global Polio Eradication Initiative
GPG	Global Public Health Goods
GPW13	Thirteenth General Programme of Work 2019-2023
GPW14	Fourteenth General Programme of Work
GSM	Global Management System
GTB	Global Tuberculosis Programme
HEART	Health Equity Assessment and Response Tool
HEAT	Health Economic Assessment Tool
HEP	Healthier Populations
HIS	Department of Integrated Health Services
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMP	Health and Multilateral Partnerships Department
HQ	Headquarters
HR	Human Rights
HRT	Human Resources and Talent Management Department
HRBA	Human Rights-Based Approach
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IANWGE	Inter-Agency Network on Women and Gender Equality
IASC	Inter-agency standing committee
IATG	United Nations Interagency Thematic Group on Gender, Race, and Ethnicity
iCCM	Integrated Community Case Management
ICU	Intensive Care Unit
ILO	International Labour Organization
IOM	International Organization for Migration
IOS	Office of Internal Oversight Services
IP	International partners
IPV	Intimate Partner Violence
IWD	International Women Day
KII	Key informant interview
KPI	Key performance indicator
LC	Life Course
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer individuals
LNOB	Leave No One Behind
MDRTB	Multi Drug Resistant Tuberculosis
MFI	Monitoring, Forecasting & Inequities
MNH	Maternal and Neonatal Health
MoH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare
MOPAN	Multilateral Organization Performance Assessment Network
MoU	Memorandum of Understanding
MPTF	Multi-Partner Trust Fund
MS	Member State
MSD	WHO Special Initiative for Mental Health

MWCD	Ministry of Women and Child Development
NCD	Noncommunicable diseases
NGO	Nongovernmental organization
NPO	National Professional Officer
NSA	Non-State actor
NTD	Neglected Tropical Diseases
OECD	Organization for Economic Cooperation and Development
OHCHR	Office of the High Commissioner for Human Rights
OSC	Output Scorecard
PB	Programme Budget
PHC	Primary Health Care
PMDS	Performance Management and Development System
PSEA	Prevention of Sexual Exploitation and Abuse
PUD	People who Use Drugs
RaCE	Rapid Access Expansion programme
RDO	Regional Director's Office
RHR	Reproductive Health and Research
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RO	Regional Office
SCORE	Survey Count Optimize Review Enable
SDG	Sustainable Development Goal
SDG3 GAP	Global Action Plan for Healthy Lives and Well-being for All
SDH	Department of Social Determinants of Health
SGBV	Sexual and Gender Based Violence
SEAH	Sexual exploitation, abuse and harassment
SEARO	WHO Regional Office for South-East Asia
SMT	Senior Management Team
SOGIE	Sexual Orientation, Gender Identity and Expression
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Research
STEPS	STEPwise Approach to NCD Risk Factor Surveillance
STI	Sexually Transmitted Infection
TB	Tuberculosis
TDR	Special Programme for Research and Training in Tropical Diseases
TO	Technical Officer
ToR	Terms of reference
TPP	Target Product Profile
TWG	Technical Working Group
UCL	University College London
UCN	UHC Communicable and Noncommunicable diseases
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDCO	United Nations Development Coordination Office
UNDESA	United Nations Department of Economic and Social Affairs
UN-DIS	United Nations Disability Inclusion Strategy
UNDP	United Nations Development Programme

UNGA	United Nations General Assembly
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGTG	United Nations Gender Theme Group
UNHCR	Office of the United Nations High Commissioner for Refugees
UNIATF	United Nations Interagency Task Force on NCDs
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDG	United Nations Sustainable Development Group
UNSG	United Nations Secretary-General
UN-SWAP	UN Sector Wide Action Plan
UNU	United Nations University
UNU-IIGH	United Nations University International Institute for Global Health
UNV	United Nations Volunteer
UNWOMEN	United Nations entity dedicated to gender equality and the empowerment of women
USD	United States Dollars
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene for All
WB	World Bank
WCO	WHO Country Office
WHA	World Health Assembly
WHE	WHO Health Emergencies
WHO	World Health Organization
WHS	World Health Statistics
WPRO	WHO Regional Office for the Western Pacific

Executive Summary

Background

Gender, equity and human rights in WHO

WHO's role as the custodian of the right to health is enshrined in its Constitution which defines health as a fundamental right: *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."* In line with WHO's mandate, the Thirteenth General Programme of Work 2019-2023 (GPW13) positions the integration of gender, equity and human rights into WHO's work as a key strategy for achieving the Triple Billion goals and for Leaving No One Behind in the achievement of the health-related Sustainable Development Goals.

WHO's structure to deliver gender, equity and rights-related functions is currently composed of the headquarters gender, equity and human rights unit (GER Unit) placed in the Office of the Director-General (DGO) with overall responsibility for coordinating the Organization's work on integrating these cross-cutting areas; regional office focal persons responsible for coordinating activities at the regional level; and focal persons placed in some of the country offices. A Global GER Network gathers headquarters and regional staff with responsibilities for gender, equity and human rights integration. In addition, the Department of Social Determinants of Health and the Monitoring, Forecasting & Inequities Unit in the Division of Data, Analytics and Delivery for Impact at WHO headquarters have responsibilities for some of the critical elements of gender and equity work, including providing technical assistance to the Member States. In some of the technical programmes, there are dedicated staff and work streams tackling the integration of the three dimensions' rights in their respective areas.

The evaluation's purpose and scope of work

This evaluation, the first of its kind in WHO, was requested by the Member States during the 146th session of the Executive Board in 2020. It is also a requirement of the UN sector-wide action plan (UN-SWAP) to conduct such an evaluation every five to eight years in relation to the mainstreaming of the gender equality and women's empowerment (GEEW) component.

The overall objective of this evaluation was to assess the extent to which gender, equity and human rights considerations have been meaningfully integrated into the work of WHO at all levels, how effective such integration has been in contributing to health outcomes at country level, and how optimally the Organization has operated (both internally and with key partners) towards achieving progress in these areas. With the Organization having completed more than two years of the GPW13 and with less than 10 years remaining in the 2030 Agenda, the evaluation was primarily formative in nature: it aimed to facilitate internal discussion and decision-making for WHO to meaningfully integrate these critical areas into its work moving forward.

The evaluation sought to take into account the breadth of WHO's work across its functions and at the three levels, and considered both corporate/internal dimensions and programmatic and technical areas, that is to say the outward-facing work of the Organization. In addition, the scope of the work considered linkages of gender, equity and human rights dimensions with other related areas, such as the social determinants of health programme, the monitoring of health inequities, and the cultural diversity and ethnicity cross-cutting area. The evaluation covered the period from 2019 to date, or the first two years of implementation of the GPW13 and the six WHO regions. The evaluation also looked at the historical evolution of this area of work as background to inform findings.

Four overarching questions framed this evaluation as follows:

1. To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?
2. What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?
3. How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?
4. What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

Each of these overarching questions was broken down in sub-questions.

Methods

A proposed theory of change was developed to guide the evaluation design. The evaluation applied a mixed-method approach that combined several sources of qualitative and quantitative evidence, including: (a) a desk review of over 300 relevant documents and secondary data sources including policy and guidance documents, technical and programmatic guidance documents, governing bodies reports, external review reports and indicators databases; (b) interviews with key internal and external stakeholders who were selected to represent the views of the different stakeholder groups identified in the inception phase, with attention to geographical representation and gender balance (117 persons were interviewed individually and in small groups); (c) an online survey administered to the Gender, Equity and Rights (GER) focal persons or equivalents in the WHO Country Offices (WCO), with 58 individuals responding out of 117 to whom the survey was sent; (d) a comparative analysis investigating how the equivalent of the GER function is organised and resourced in five selected comparable organizations (i.e. the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNFPA, UNHCR, UNICEF and the World Bank); (e) documentation of country-level examples of outcomes from WHO's work on gender, equity and human rights integration including a systematic analysis of 53 current Country Cooperation Strategies (CCS) from the six WHO regions. Data analysis relied on the triangulation of quantitative and qualitative data from these sources in order to address the evaluation questions and sub-questions.

Key Findings

EQ1: To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?

Strategic direction

Gender, equity and human rights mainstreaming efforts have historically lacked continuity, and this agenda has lost momentum in recent years. There has not been a formally endorsed strategy that specifically covers gender mainstreaming since the 2007 strategy that expired in 2011, and the gender, equity and human rights road map covering the period 2014-2019 was not replaced by another Organization-wide strategic document specific to those thematic areas. Since 2019, the GPW13 has provided a strategic framework aligned to the Sustainable Development Goals which mainstreams those dimensions. In the successive programme budgets the way these dimensions are featured has evolved to an increasingly mainstreamed approach, and from 2020 onwards there is an output in the biennial programme budget relating to corporate aspects of gender, equity and human rights: 4.2.6 *"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored*. However, there is no corresponding outcome dedicated to gender, equity and human rights that Member States and the WHO Secretariat have a shared responsibility for achieving, and there is a

gap in terms of a specific strategy outlining how WHO intends to operationalize the integration of gender, equity and human rights into its work.

Gender, equity and human rights-related guidance and outputs

The Organization's level of effort has been uneven across the three cross-cutting areas of gender, equity and human rights:

- ✓ Gender: As part of the WHO Transformation, gender was subsumed into the gender, equity and human rights cluster of thematic areas. In the absence of an Organization-wide framework on gender integration, gender continues to be essentially linked to 'women's health' issues and technical areas where it has historically been strongly linked, such as sexual and reproductive health and research, gender-based violence, HIV, tuberculosis or polio.
- ✓ Equity: Work has been the strongest on equity, the dimension that has the most natural fit within the GPW13 and its central Universal Health Coverage (UHC) agenda.
- ✓ Human rights: Although human rights are well captured in policy documents, when it comes to actual strategies and operational plans there is less consistency. At country level, a disconnect can appear between the Organization's positioning on rights issues and the leverage country offices have with Member States in this regard. The operationalization of the WHO/United Nations Office of the High Commissioner for Human Rights (OHCHR) Framework for Cooperation has been hampered in recent years by a lack of human resources.

The GER Unit has been able to achieve several important contributions to the integration of gender, equity and human rights in the work of WHO. One key success is the inclusion of a dimension on impactful integration of gender, equity and human rights in the Output Scorecard (OSC), the key monitoring mechanism for the GPW13 launched as part of the recent mid-term review of the Programme budget 2020-2021. The GER Unit has also produced guidance, especially on integrating equity considerations in programmatic work. Other parts of the Organization have produced gender, equity or human rights-specific strategies and outputs with variable levels of engagement of the GER Unit. For example, the Global Polio Eradication Initiative (GPEI) has a dedicated Gender Equality Strategy and the Special Programme for Research and Training in Tropical Diseases (TDR) has produced an Intersectional Gender Research Strategy and a toolkit for health researchers. Finally, some WHO regional offices have developed specific gender- or equity-focused strategies. In general, practical guidance for programmatic areas to meaningfully integrate gender, equity and human rights and achieve country impact has been lacking.

Integration of gender, equity and human rights by different corners of the Organization

The general picture of integration of gender, equity and human rights in corporate functions and organizational capacity is that this area has stagnated in recent years, as reflected for the gender component in the downwards trend in performance against the United Nations Sector Wide Action Plan (UN SWAP) indicators. Internal and external mechanisms of organizational accountability on the integration of gender, equity and human rights, such as the UN SWAP, the first iteration of the Output Scorecard (OSC), and the Multilateral Organization Performance Assessment Network (MOPAN) assessment have underlined key areas of weakness in the integration of these dimensions in the corporate functions of WHO, in particular: the institutional architecture and coordination mechanism; planning and tracking of dedicated resources across the departments; and capacity assessment and development to support the integration of gender and equity lenses and the adoption of a rights-based approach.

In terms of programmatic and technical functions, a promising area is guidelines development, which now requires the systematic consideration of gender, equity and human rights at all stages. In the technical departments, integration of these cross-cutting themes has been piecemeal, with pockets of excellence and longstanding experience in some programmes such as reproductive health and research

and gender-based violence, HIV/AIDS, the GPEI, and other areas that are now considering how to integrate these dimensions. The extent to which gender, equity and human rights have been integrated has differed among the regions, even though equity considerations feature prominently in all regions. At country office level, a great majority of the Country Cooperation Strategies (CCS) analysed did not systematically integrate gender, equity and human rights considerations.

EQ2: What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?

Gender, equity and human rights results in corporate functions

There have been continuous efforts to reach gender parity in staffing and equitable geographical representation in the WHO workforce. A number of recent initiatives have been undertaken on promoting a respectful workplace as part of the WHO Transformation. The initiative by the Regional Office for Africa on female staff development for leadership positions as part of the Pathway to Leadership for Transformation of Health programme has been adopted Organization-wide. In WHO more generally, key issues in terms of promoting inclusion and diversity in the organizational culture that were not sufficiently addressed included discrimination related to gender, sexual orientation and gender identity expression and racism.

There is currently no framework in WHO for assessing capacity development needs on gender, equity and human rights. Some initiatives have taken place to address capacity development needs, including the E-Learning course delivered by the Regional Office for the Americas on *Gender and Health: Awareness, analysis and action* and the dedicated WHO Academy training programme which is being developed. Targeted capacity building and mentoring to directors in different technical areas has been highlighted as a key gap. The current Director-General's emphasis on gender, equity and human rights has resulted in concrete improvements in gender balance of the Senior Management Team, as well as in terms of the leadership positioning and attention paid to consistently integrating gender, equity and rights language in internal and external communications of WHO. The selection of gender and rights-aware candidates as part of the standard recruitment process constitutes an important strategy for ensuring a common ground on gender, equity and human rights principles that has yet to be leveraged.

Gender, equity and human rights results in programmatic and technical work

There has been increased emphasis across programmatic areas and in global reports on reporting disaggregated data by gender and other dimensions of health inequalities, led by the Division of Data, Analytics and Delivery for Impact. In addition to compiling global data, WHO has produced tools to support countries in conducting analysis and subsequent planning to address barriers to accessing health care relating to equity, rights and social determinants of health, although the implementation and uptake of these tools has not been systematically evaluated. The COVID-19 pandemic has revealed the fragility of the integration of gender and equity considerations in surveillance data, as WHO was not able to report sex-disaggregated data for COVID-19 cases consistently. WHO's policy and advocacy work on commercial determinants of health has represented a longstanding and ongoing contribution to adopting a rights-based approach to health. There were also regional initiatives that have driven impact at country level, such as the work of the Regional Office for the Americas on ethnicity and health in the context of the COVID-19 pandemic.

At country level, the evaluation has documented common outcomes of WHO's work to promote gender, equity and human rights integration, including: promoting reporting of disaggregated data in the Demographic Health Surveys, Sustainable Development Goal (SDG) 3 on good health and wellbeing reporting, and other periodic health reviews; supporting the use of disaggregated data and other data sources to analyse health inequalities; contributing to integrating these dimensions in health programmes through technical assistance; integrating gender, equity and human rights in emergencies

and COVID-19 response programmes and plans; providing policy guidance and advocacy on promoting multi-sectoral action and including the perspectives of vulnerable people; and including a gender responsive or transformative perspective within the gender-based violence and sexual and reproductive health programmes.

Extent to which WHO is currently monitoring its contribution to gender, equity and human rights

WHO has streamlined its impact framework to align with the 2030 Agenda, and equity features prominently in this framework, with attention to multiple aspects of vulnerability. A major gap remains in terms of a results monitoring framework capturing the outcomes of WHO's contribution to gender, equity and human rights integration in the different technical areas. At output level, the main mechanisms are the programme budget reporting and the OSC. The OSC has been noted for setting up an Organization-wide mechanism to report on the impactful integration of gender, equity and human rights and fostering internal discussions on these themes, however it has also been described as a subjective exercise that does not preclude the need for a results framework on gender, equity and human rights, and setting objectively verifiable targets for WHO's contribution in this area.

EQ3: How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?

Structural placement of the function

At headquarters, the gender, equity and human rights architecture is composed of the GER Unit and designated focal persons in each department. In practice, gender, equity and human rights capacity is scattered across different corners of the Organization without any clear coordination or accountability lines between these various operational units. The Department of Social Determinants of Health and the Monitoring, Forecasting & Inequities Unit in the Division of Data, Analytics and Delivery for Impact at headquarters have responsibilities for some of the critical elements of gender and equity work, including providing technical assistance to the Member States. In some of the technical programmes, there are dedicated staff and work streams tackling the integration of gender, equity and human rights in their respective areas. At regional level, there are different set-ups, although in general there is a move to locate the GER Focal Point position (or the Gender, Equity and Cultural Diversity department in the case of the Region of the Americas) under the Director for Programme Management. There is a lack of dedicated time and clear accountability lines ensuring the responsibility of managers and directors for integrating these dimensions in WHO country offices. The situation is highly variable between countries, with some countries having GER focal persons and others not.

The GER Unit is expected to perform the following key functions: acting as a coordination mechanism across programmes; providing strategic direction; supporting gender, equity and human rights capacity assessment and development needs; producing guidance and synthesising good practice; ensuring that human and financial resources are planned and tracked; being an internal advocate; and guiding the Organization's external positioning and communication on gender, equity and human rights issues. Placing the GER Unit in the Office of the Director-General during the Transformation exercise has given more prominence to the need for all departments to take into account gender, equity and human rights as part of their work. However, in the context of the current leadership gap at the GER Unit level and delays in recruiting vacant positions, the move to DGO has, in the view of some stakeholders, exacerbated the issue of a lack of communication and coordination channels between the GER Unit and the technical departments.

Coherence at the three levels

There are examples of collaboration on gender, equity and human rights across the Organization, and a Global GER network where all regions are represented through their focal persons is currently active and

meets regularly to share information. However, silos exist between technical areas that hamper the effective sharing of gender, equity and human rights technical resources, resulting in difficulty to work within and across departments for GER focal persons. Country level respondents have highlighted that there is at times a disjointed approach between the three areas of gender, equity and human rights leading to inefficiencies and confusion at country level in the absence of a well-articulated framework.

Financial resources

Lack of financial tracking of gender-dedicated resources highlighted in the UN SWAP report also applies to equity and human rights, along with the lack of clear financial targets. Trend analysis of funding allocation to Output 4.2.6 in the programme budgets reveals that this area has received less funding since 2018. The lack of available funding at country level to conduct gender, equity and human rights-related activities has been a major bottleneck to integration. However, there has been an increase in voluntary contributions for the GER Unit, and gender, equity and human rights work at country level in the Programme Budget 2020-2021 in relation to the COVID-19 response. Internal and external respondents have highlighted that consistency and continuity of gender, equity and human rights-related work in WHO requires the institutionalization of the GER Unit function as part of the core business of the Organization and for it to benefit from a stable funding base that is not dependent on the priorities of WHO donors.

Human resources

The GER Unit is understaffed, with a provision for only three fixed-term technical positions assigned to this work. This level of resource allocation is insufficient to cover the increasing range of tasks that the GER Unit is expected to fulfil to support internal and external integration of gender, equity and human rights in the work of WHO and compares unfavourably to other organizations included in the comparative analysis, especially for gender mainstreaming. Furthermore, the GER Unit's work has been hindered by administrative bottlenecks and lacked leadership support since 2019. Most GER focal persons in programmes interviewed mentioned that this was an added responsibility to their full-time job. In addition to the GER focal point positions, there are some staff members with specific areas of expertise on gender, equity or human rights that are fully or partly dedicated to this work within their respective programmes, such as in the Social Determinants of Health Department, the Reproductive Health and Rights Programme, TDR and the Global Tuberculosis Programme. In regional offices such as Africa and South-East Asia, there is insufficient staff time to effectively support these areas, whilst in the Region of the Americas an Office for Equity, Gender, and Cultural Diversity with five full-time positions as well as a human rights lawyer are dedicated to this area. Forty-three percent of GER focal points in country offices that participated in the survey did not have any mention of their responsibilities as GER focal persons in their position descriptions.

External partnerships

There has been much external collaboration in recent years in relation to rural poverty and racial discrimination. Collaboration at country level mostly involved interactions with other UN agencies. There has been an increased emphasis on engaging in dialogue and eliciting participation of civil society; for example, WHO recently signed a memorandum of understanding with Women in Global Health on the Gender Equal Health and Care Workforce Initiative. However, according to some external respondents, WHO's role as a leader on gender, equity and human rights in global health partnerships has been affected in the recent years by the leadership gap in the GER Unit.

EQ4: What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

Internal factors

Facilitating factors included WHO's strong mandate in this area embedded in its governing bodies documents and the GPW13 aligned to SDG targets, combined with supportive leadership from senior management for the integration of gender, equity and human rights. WHO's expertise in relevant technical areas (inequities analysis, commercial determinants of health, gender-based violence and sexual and reproductive health) is widely recognised. The Organization also enjoys strong relationships with ministries of health, and convening power. Some programmes have been able to dedicate resources to the integration of a gender and equity lens in their work, whilst the OSC process has offered an opportunity to improve organizational accountability on gender, equity and human rights across all departments.

Key hindering factors included the fact that there have historically been major disruptions to the gender, equity and human rights mainstreaming work. These included low and decreasing levels of investment and insufficient human resources dedicated to this area in general, and a lack of accountability of the managers and directors to ensure that gender, equity and human rights are meaningfully integrated in their area of responsibility. Capacity and awareness issues were also critical, as inconsistent levels of awareness and attention paid to gender, equity and human rights by senior management at all levels has led to a lack of prioritization of these issues. There is a lack of a comprehensive capacity assessment and development programme for all staff in order to ensure a common understanding of and buy-in into these issues and to support organizational culture change. At country level, GER focal points in WCO that participated in the survey and some WHO regional and headquarters interviewees have commented that it can sometimes be difficult for the WCO to take a strong stand on human rights issues without affecting its relationship with government counterparts.

External factors

A major driver for the gender, equity and human rights integration agenda has been the fact that some WHO donors support and advocate for gender equality and women's empowerment and rights-based approaches in health programmes, a factor which has contributed to this area receiving increased attention in WHO. Furthermore, the current drive in the UN system on the "*Leave No One Behind*" agenda has created a conducive environment, supported by UN-wide mechanisms such as the UN SWAP. Requests from Member States for technical support at country level in relation to gender and equity integration, and to a lesser extent human rights, have also increased in recent years, especially in relation to health inequities and vulnerabilities in the context of COVID-19.

However, given WHO's funding constraints, gender, equity and human rights integration is not adequately supported by flexible funding at the three levels of the Organization. Political tensions around specific issues have at times held back work on rights-based approaches to health and leaving no-one behind, such as the issue of discrimination on the basis of sexual orientation, gender identity and expression. COVID-19 has demonstrated that in a crisis gender, equity and human rights can become deprioritised within the emergency response, for example in relation to disaggregation of COVID-19 epidemiological data by sex and other inequity factors.

Conclusions

C1: The lack of strategic guidance on gender, equity and human rights in the past ten years and since the expiry of the GER Roadmap has hindered the meaningful integration of gender, equity and human rights in the work of WHO to date.

- Different parts of the Organization have moved forward on this agenda, achieving important successes but in a disjointed, uncoordinated manner.
- Although they are interlinked, the gender, equity and human rights dimensions are operationalized in different ways and require different technical expertise. The contours of the gender, equity and human rights agenda are also very close to other technical areas in WHO such as the social determinants of health agenda, the monitoring of health inequities, and the UHC agenda.
- In the absence of a clear conceptual and operational framework on how these different areas play out in practice, the integration of gender, equity and human rights has remained piecemeal and concentrated on the more 'natural fit' in relation to a specific technical area.

C2: WHO needs to make a step change in driving and investing in gender, equity and human rights throughout the Organization if it is to fulfil its role as the custodian of the right to health and achieve the objectives set out in the GPW13

- There are currently many facilitating factors that have opened a window of opportunity to operationalize the gender, equity and human rights integration agenda. Those include the increased attention paid to gender, human rights and equity by the UN system in the context of the 2030 Agenda for Sustainable Development, the support of key WHO contributors for this area of work, the availability of strong expertise among civil society and academic partners, and the consistent endorsement of this agenda by the Director-General. However, the failure to support the operationalization of those concepts through consistent leadership, dedicated human resources, and stable financial allocation for gender, equity and human rights across programmes and at the three levels of the Organization has been reflected in poor performance on monitoring mechanisms such as the UN SWAP and the first iteration of the Output Scorecard. This has called into question the actual commitment of the Organization to 'walk the talk' on gender, equity and human rights integration. External stakeholders have called on WHO to play a leadership role and be at the forefront of new developments in the fields of gender equality and women's empowerment, equity and the right to health, in particular in relation to the current COVID-19 pandemic and its aftermath.
- There have been insufficient human resources dedicated to support gender, equity and human rights integration beyond the central GER Unit in the different programmatic areas, in some regions and in the great majority of country offices. GER Focal Points have fulfilled this role in addition to their core duties without having formal responsibilities or dedicated time to fulfil their role. Many of the GER focal persons in headquarters have moved positions or left without a replacement being designated. There is no GER focal person in the human resources department.
- The integration of gender, equity and human rights is not the sole responsibility of the GER focal persons and other dedicated staff. Managers and directors need to be accountable for ensuring that integrating gender, equity and human rights considerations into their work is everyone's responsibility. Accountability on these areas has progressed with the dedicated dimension in the Output Scorecard, but this has not yet translated into individual responsibilities of managers and directors enshrined in their position descriptions and in their performance reviews.

C3: The lack of stability in the GER Unit's leadership and human resources has been one of the single most disruptive factors to the implementation of the gender, equity and rights agenda in the recent past.

- When there has been a stable and well-resourced unit, WHO has been able to significantly contribute to the field of gender and health and equity and health, providing numerous knowledge products and authoritative technical guidance.

- In recent years however, the work of the GER Unit has been hampered by a lack of adequate human resources and a leadership gap, which has significantly hindered its contribution, in particular in terms of exerting leadership and supporting the different technical areas on gender, equity and human rights integration. Despite this, the GER Unit has achieved meaningful contributions to the corporate integration of gender, equity and human rights, a key highlight being the development and rollout of the Output Scorecard dimension on impactful integration of gender, equity and human rights as part of the Programme budget 2020-2021 mid-term review.
- The GER Unit's current placement in DGO has given more prominence to this area of work in the Organization, and the Unit has oversight of gender, equity and human rights integration both in corporate functions and the externally facing work of the Organization. There is need to strengthen to link between the GER Unit and the technical departments to ensure that it can coordinate the integration of these cross-cutting areas in the programmatic work of the Organization.

C4: Internal integration of gender, equity and human rights in the organizational culture and capacity is directly linked to performance in external facing work. Addressing gender, equity and human rights-related awareness, organizational culture and capacity is a prerequisite to progressing meaningful integration in the work of WHO, beyond having a value in its own right.

- As part of the WHO Transformation's effort to improve organizational culture, progress has been made in equity, diversity and inclusion-related human resource policies and promoting a more open and participatory culture, with the WHO Values Charter and other initiatives. However there are varying levels of buy-in and awareness on gender equality and women's empowerment, diversity and rights by managers at all levels. In addition, the professional focus of WHO's technical staff on biomedical and health systems aspects of health contributes to the lack of prioritization of gender, equity and human rights, seen as a 'nice to have' rather than forming part of the core mandate of the Organization. As a result, the lack of consistent buy-in by directors and managers at all levels has been quoted as one of the key hindering factors for this agenda by GER focal points.
- The foundational element of capacity development and awareness-building on gender, equity and human rights has not been adequately addressed despite numerous recommendations made over the years by evaluations and reviews, and constitutes a major weakness for this agenda. The WHO Academy's work on building capacities within WHO on gender, equity and human rights constitutes a promising element in this respect, however the timeframe for its roll out makes it a medium- to long-term endeavour. In addition, the Regional Office for the Americas' gender and health course has been highly successful in terms of participation levels and has been replicated in other regions.

C5: Country-level work on gender, equity and human rights has not been supported effectively, resulting in variable degrees of integration and represents a missed opportunity for WHO to have an impact on health inequities.

- There have been few examples of effective integration of the three dimensions across all technical areas at country office level. Equity work has been the most frequently integrated especially in relation to reducing barriers to health care in the context of UHC; gender work has focused on some technical areas such as Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), gender-based violence or HIV; and human rights work has generally been circumscribed to some country offices.
- In the absence of a streamlined strategy and clear responsibilities for providing guidance on gender, equity and human rights, especially from headquarters level, guidance and requests from the different areas of gender, equity analysis, human rights and social determinants of health have sometimes reached the country office in a siloed, non-streamlined manner.
- There is a lack of practical guidance for countries on how to operationalize the integration of a gender and equity lens, and the adoption of a rights-based approach to health. Recent tools have been produced, especially in relation to equity, but their implementation and effectiveness has not been systematically evaluated. Gender mainstreaming guidance has been the subject of many

publications in WHO, however these mostly date back to when there was a fully-fledged Gender and Women's Health Department. Human rights guidance has remained scarce and there seems to be a lack of understanding on how to operationalize a human rights-based approach to health in the different technical areas in order to achieve impact at country level.

- Resources for conducting gender, equity and human rights-related activities have been lacking at country office level, which is also reflected in the fact that current CCSs integrate these dimensions to a varying extent. This has hindered the capacity of WHO country offices to conduct impactful activities, such as to support the piloting of technical guidance produced on gender, equity and human rights and conduct coordination, capacity development and advocacy work.

Recommendations

The recommendations from this evaluation address the following key dimensions for future work: the policy and strategic framework; the gender, equity and human rights architecture across the Organization; capacity and resourcing of the central GER Unit; gender, equity and human rights in the Transformation agenda; and impactful gender, equity and human rights integration at country level.

R1: WHO should develop the policy and strategic framework around gender, equity and human rights by i) outlining the conceptual framework guiding the Organization's technical work in each of the three areas and ii) spelling out how WHO intends to operationalize them. Specifically, WHO should:

a. Develop the policy framework relating to gender, equity and human rights which clarifies how the three areas interact and link up to closely-related thematic areas such as the social determinants of health agenda, equity, diversity and inclusion, disability and cultural diversity and ethnicity. In particular: i) the Gender Policy (2002) should be updated to reflect current thinking and the UN-wide framework in this area; ii) the equity agenda needs to articulate the linkages between the different strands of work on equity, including in UHC, social determinants of health and equity monitoring; and iii) the human rights component must be strengthened by spelling out what WHO's human rights-based approach to health consists of.

b. Based on a clearly articulated policy framework, develop a time-bound Organization-wide strategy to operationalize the integration of gender and equity and promote a rights-based approach into the work of WHO in line with the 2030 timeframe. The Strategy should: i) be developed through a participatory process involving all relevant stakeholders beyond the GER Unit at the three levels of the Organization; ii) include a theory of change and a results framework linked to an outcome level change in the programme budget; and iii) be the subject of a mid-point review and a final independent evaluation.

R2: WHO should develop and appropriately resource the gender, equity and human rights architecture across programmes and at the three levels of the Organization, namely by:

a. Ensuring that GER focal points at sufficient seniority levels (P4-P5) are appointed in all programmatic and corporate areas, with responsibilities outlined in their position descriptions and performance reviews to support the integration of gender, equity and human rights in their area.

b. Ensuring that managers and directors across the Organization have responsibilities for ensuring gender, equity and human rights integration in corporate and programmatic work enshrined in their position descriptions and performance reviews.

c. Equipping the regions with full-time staff positions covering the required expertise in the three dimensions of gender, equity and human rights at the same level of seniority as other leadership positions in technical areas.

d. At country level, considering the: i) appointment of formal focal points in all country offices; ii) establishment of full-time subregional gender, equity and human rights experts in bigger country offices with a responsibility to support other country offices in the region; and iii) use of existing human resources specialized in gender, equity and human rights more collaboratively across programmes to support country-level work.

e. Defining formal coordination mechanisms, building on existing collaboration. Consideration should be given to: i) giving a formal advisory role to the Global GER network; and ii) setting up a cross-Division Gender, Equity and Human Rights Mainstreaming Committee, consisting of Senior Management and Directors from headquarters and regional level, with overall responsibility for implementing the WHO gender, equity and human rights strategy and supporting the GER Unit in joint planning.

R3: WHO should stabilize and strengthen the headquarters GER Unit driving the corporate integration of gender, equity and human rights internally, and coordinating the integration of these cross-cutting issues in technical areas. In particular:

a. WHO senior management should ensure that full-time positions are in place and operational in line with the breadth of functions that the GER Unit is expected to fulfil, with each of the three dimensions led by a staff member at the same level of seniority as other leadership positions in technical areas and a fourth senior staff member overseeing the team.

b. Stable financial resources should be allocated to maintain core functions of the GER Unit to reduce reliance on specified voluntary contributions.

c. The structural placement of the GER Unit should fulfil two key criteria: offering sufficient seniority and leadership to the GER Unit to drive the Organization-wide integration of gender, equity and human rights; and offer clear linkages to, and communication lines with, all programmatic areas.

R4: As part of the Transformation agenda, WHO should address awareness and capacity development needs for gender, equity and human rights integration at all levels, namely by:

a. Dedicating sustained efforts to gender, equity and human rights capacity assessment and development, and awareness building at all levels of the Organization and especially among directors and managers. This entails: i) conducting periodical reviews of staff attitudes, knowledge and practices in relation to gender, equity and human rights; ii) implementing a capacity development programme on gender, equity and human rights, including using the WHO Academy platform and other existing tools such as the AMRO/PAHO e-learning course on gender mainstreaming; and iii) introducing a mandatory training on basic concepts of gender, equity and a human rights-based approach for directors and managers at the three levels of the Organization.

b. Translating the WHO Values Charter into a set of prerequisites for recruitment to ensure that staff adhere to gender equality and non-discrimination principles.

c. Developing a platform and working group in order to enhance partnerships with relevant civil society and community organizations and academic institutions.

R5: WHO should emphasize streamlined support to Country Offices work for impactful integration of gender, equity and human rights. This should be done by:

a. Ensuring that the Organization-wide strategy on gender, equity and human rights translates at country level into the systematic integration of these cross-cutting areas in the Country Cooperation Strategies/UN Common Country Analysis and Cooperation Frameworks.

b. In collaboration with country offices, developing practical, user-friendly technical guidance for country programmes to integrate gender and equity considerations, and implement a rights-based approach. Guidelines should focus on streamlining technical input to avoid over-burdening countries with parallel demands and they should be field-tested to ensure that they are fit for purpose. They should also cover different contexts and population group needs, for example people affected by emergencies.

Introduction

Background

WHO's mandate on gender, equity and human rights

1. WHO's Constitution refers to the right to health as a fundamental principle: "*The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition*.[1]" The Thirteenth General Programme of Work 2019-2023 (GPW13)[2], with its anchoring in the Sustainable Development Goals (SDGs), positions the integration of gender, equity and human rights into WHO's work as a centrepiece of the Organization's strategy for achieving the Triple Billion goals[3] – and, in the process, of Leaving No One Behind in the achievement of the health-related SDGs.[4] Mirroring the holistic approach engendered in the SDGs, the GPW13 recognizes the inter-linkages between the health implications of gender, equity and human rights concerns. Gender, equity, and human rights are key to WHO's leadership role in driving public health impact in every country through differentiated approaches based on capacity and vulnerability. Gender, equity and human rights must be integrated in everything WHO does – at all levels of management from high to low, at headquarters, regional and country offices, across all functions and in all outputs.

The GER function in the Transformation

2. To support GPW13 implementation, the WHO Transformation seeks to make WHO a modern, agile organization that works seamlessly across programmes, Major Offices and levels with a clear division of labour. As part of the Transformation, the headquarters gender, equity and human rights team (HQ GER-Team/unit) has moved from a technical cluster to the Office of the Director-General (DGO) reporting to the Assistant Director-General (ADG). Overall responsibility for coordinating the Organization's work on integrating gender, equity and human rights resides in the headquarters-level GER unit, whilst some aspects of gender, equity and human rights are coordinated by the Department of Social Determinants of Health (SDH) and the Monitoring, Forecasting & Inequities (MFI) Unit in the Division of Data, Analytics and Delivery for Impact (DDI). Some technical programmes also have dedicated staff and work streams tackling the integration of gender, equity and human rights in their respective areas. At regional level and in some country offices, focal persons are in charge on ensuring the integration of gender, equity and human rights across the board at their level.

Evaluation purpose and scope

3. This evaluation was requested by the Member States of WHO at the February 2020 146th Executive Board meeting. It is also a requirement of the UN sector-wide action plan (UN-SWAP) to conduct such an evaluation every five to eight years in relation to the mainstreaming of the gender equality and women's empowerment component.[5]

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[1] WHO Constitution https://www.who.int/governance/eb/who_constitution_en.pdf, accessed 02 July 2021.
[2] 13th Global Programme of Work https://cdn.who.int/media/docs/default-source/documents/about-us/thirteenth-general-programme/gpw13_methodology_nov9_online-version1b3170f8-98ea-4fcc-aa3a-059ede7e51ad.pdf?sfvrsn=12dfeb0d_1&download=true, accessed 02 July 2021.
[3] That is, Universal health coverage (1 billion more people benefitting from universal health coverage); Health emergencies (1 billion more people better protected from health emergencies); and Healthier populations (1 billion more people enjoying better health and well-being).
[4] See Thirteenth General Programme of Work 2019-2023, p.4 (Figure 1 – Overview of WHO's draft thirteenth programme of work 2019-2023: strategic priorities, accessed 02 July 2021.
[5] UNSWAP 2.0 KPI4 Evaluation 4cii. Conducts at least one evaluation to assess corporate performance on gender mainstreaming or equivalent every 5-8 years), https://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability, accessed 02 July 2021

4. Over the years, the progress of gender, equity and human rights integration in the work of WHO has been the subject of several reviews (see for example: Overview of activities of the Department of Gender Women and Health[6]; A foundation to address gender, equity and human rights in the 2030 Agenda[7]; What works in gender mainstreaming report by the UNU[8]; the Global Health 2018 GH5050 report[9]; and most recently A Mapping and Needs Assessment of Gender Mainstreaming in WHO-HQ[10]). Many programme evaluations at headquarters (HQ), regional and county levels have tackled these dimensions as part of the broader scope of the evaluation (e.g. RaCE evaluation[11], Gender mainstreaming in health: advances and challenges in the Americas in AMRO/PAHO[12], Leaving No-One Behind, Mongolia[13])). Periodic external and internal reviews have also taken place through different mechanisms such as Multilateral Organization Performance Assessment Network (MOPAN)[14], UN System-Wide Policy on Gender Equality and the Empowerment of Women (UNSWAP)[15] and more recently the internal monitoring mechanism of the Output Scorecard (OSC)[16]. In addition, some of the recent thematic and organizational evaluations, such as the Transformation evaluation[17], have included these areas. Most of these evaluations and assessments have only covered one of the three dimensions, most often gender or equity, or their scope has been limited to corporate processes, a specific thematic area, or geographical location.

5. The *added value* of this evaluation consists in taking stock of the relevant findings of the different evaluations undertaken so far, assess the extent to which their recommendations have been implemented, and provide new insights based on data collected on the current internal state of affairs and external context in order to offer a comprehensive, high-level and current picture of the situation of gender, equity and human rights integration in the work of the WHO.

6. The *purpose* of the evaluation is to strengthen both organizational learning and accountability on gender, equity and human rights integration. With the Organization having completed the second year of the GPW13 and with 10 years remaining in the 2030 Agenda, the evaluation is primarily formative in nature: it aims to facilitate internal discussion and decision-making on the way forward for WHO to meaningfully integrate these critical areas into the work of the Organization moving forward. In particular, the evaluation seeks to inform the strategic planning processes to integrate gender, equity and human rights in the work of the Organization given that (a) the Roadmap for integrating gender, equity and human rights dimensions in the work of WHO expired in 2019[18]; (b) the implementation of the Transformation agenda emphasizes the integration of those dimensions, including that of the GER Unit in the new WHO structure; and (c) the planning process of WHO's Fourteenth General Programme of Work (GPW14) is expected to start in 2022.

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[6] Overview of Activities, Department of Gender, Women and Health 2008 https://www.who.int/gender/GHW_overview_EN.pdf , accessed 02 July 2021.

[7] A foundation to address gender, equity and human rights in the 2030 Agenda , 2016 https://www.who.int/gender-equity-rights/knowledge/GER-biennium-report.pdf , accessed 02 July 2021.

[8] What works in gender and health: Setting the agenda, 2019 https://i.unu.edu/media/iigh.unu.edu/news/6852/UNU-IIGH_Final-Meeting-Report_What-works-in-Gender-and-Health.pdf , accessed 02 July 2021.

[9] The Global Health 50/50 report https://globalhealth5050.org/wp-content/uploads/2018/03/GH5050-Report-2018_Final.pdf , accessed 02 July 2021.

[10] A Mapping and Needs Assessment of Gender Mainstreaming in WHO-HQ, Shirin Heidari, Apr 2021 (unpublished)

[11] Summative evaluation of the WHO Rapid Access Expansion Initiative, 2018 https://www.who.int/about/evaluation/race_eval_synthesisreport_v1.pdf , accessed 02 July 2021.

[12] Gender Mainstreaming in Health: Advances and Challenges in the Region of the Americas, PAHO, 2019 https://iris.paho.org/bitstream/handle/10665.2/51784/9789275121627_eng.pdf?sequence=1&isAllowed=y

[13] Leaving-no-one-behind-WHO-Mongolia.pdf (1011.Ko) , accessed 02 July 2021.

[14] Multilateral Performance Assessment Network http://www.mopanonline.org/, accessed 02 July 2021.

[15] https://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability, accessed 02 July 2021.

[16] The Output Scorecard is a self-assessment tool used to monitor outputs, the first version of which was rolled out in the mid-term review of the Programme Budget 2020-2021. It includes a dimension of impactful integration of gender, equity and human rights

[17] https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5, accessed 02 July 2021.

[18] Integrating equity, gender, human rights and social determinants into the work of WHO: Roadmap for action 2014-2019. , accessed 02 July 2021.

7. The overall *objective* of this evaluation is to assess the extent to which gender, equity and human rights considerations have been meaningfully integrated into the work of WHO at all levels of the Organization, how effective such integration has been in contributing to health outcomes at country level, and how optimally the Organization has operated (both internally and with key partners) toward achieving progress in this area. Toward this end, the evaluation documents successes, challenges and best practices, and provides lessons learned and recommendations for future use by management to inform relevant decision-making processes.

8. Given the wide-ranging and mainstreamed nature of the gender, equity and human rights agenda in WHO, the *scope* of the evaluation is Organization-wide and goes beyond the work of the GER Unit itself. The evaluation has sought to take into account the breadth of WHO's work across its functions and at the three levels, and considered both corporate/internal dimensions and programmatic and technical areas or the outward-facing work of the Organization. In addition, the scope of the work has considered linkages of the gender, equity and human rights dimensions with other related areas, such as the social determinants of health programme, the monitoring of health inequities, and the ethnicity/cultural diversity cross-cutting area spearheaded by the by the WHO Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO).

9. The evaluation covers the period from 2019-2020 – that is, the first two years of the GPW13 and the intervening period since the last MOPAN assessment in 2018. The evaluation also looked at the historical evolution of this area of work in the recent past as background to inform findings. The evaluation focuses on the meaningful integration of gender, equity and human rights concerns – that is the extent to which the Organization's work has been undertaken in a way that has helped it achieve results in alignment with the GPW13. Four overarching questions frame this evaluation, each broken down in sub-questions (see Annex 2).

Evaluation questions:

1. To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?
2. What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?
3. How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?
4. What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

Methods

Logic model

10. A proposed logic model, or theory of change, has been developed to guide the evaluation design (Annex 3: evaluation logic model). This model adds value given the breadth and multi-faceted nature of the topics covered under this evaluation, to provide clarity on the scope of work as well as inter-linkages to the broader work on the Organization. It presents a visualization of the change pathways through which the contribution of WHO to the promotion of health equity, gender equity and the empowerment of women (GEEW), and the right to health is understood to happen. The logic model has been developed from i) existing strategic and results frameworks on gender, equity and human rights integration in the work of WHO, in particular the Roadmap for Action (2014-19)19 and the Dimension of the Output Scorecard on 'Impactful Integration of gender, equality and human rights20 and ii) inputs from the consultations with WHO staff conducted during the inception phase, including a facilitated discussion with the GER Global Network21. The evaluation's findings relate to the different parts of the logic model, and point out correspondences and discrepancies between the envisaged theoretical model and the way the Organization has applied gender, equity and human rights integration in practice.

Evaluation approach

11. In addition to being guided by the WHO Evaluation Practice Handbook,[22] the evaluation is based on the relevant subject-specific guidance produced by the United Nations Evaluation Group (UNEG).[23] It is rooted in the UNEG Norms and Standards for Evaluation and the UNEG Ethical Guidelines for Evaluation.[24] The evaluation used mixed methods of data collection and ensured that both secondary data and primary data from interviews were disaggregated and analysed by gender (where possible and relevant); a stakeholders' analysis was conducted as part of the inception phase in order to identify key stakeholders groups and allow triangulation of different points of view on each question; where possible the evaluation sought to maximise participation from key stakeholders including civil society partners in order to investigate the contribution of WHO to gender, equity and human rights through contribution analysis; the evaluation criteria included the following principles: gender analysis, non-discrimination, accountability and participation.

Data sources and collection methods

12. This evaluation applied a mixed-method approach that combined several sources of qualitative and quantitative evidence, including:
    (a) A desk review of relevant documents and secondary data sources;
    (b) Interviews with key internal and external stakeholders engaged in integrating gender, equity and human rights;
    (c) A survey with GER focal points at WHO Country Offices (WCO);
    (d) A comparative analysis to investigate how the equivalent of the GER function is organized and resourced in selected comparable organizations; and,

[19] Integrating Equity, Gender, Human Rights and Social Determinants in the work of WHO, Roadmap for action 2014-2019, WHO, 2015 https://www.who.int/gender-equity-rights/knowledge/web-roadmap.pdf?ua=1, accessed 02 July 2021.
[20] The Output Scorecard, Dimension 4 is on impactful integration of gender, equity and human rights
[21] The GER Global Network gathers HQ and regional staff with responsibilities for gender, equity and human rights integration
[22] WHO Evaluation Practice Handbook, World Health Organization, 2013, accessed 02 July 2021.
[23] These include: Guidance on Evaluating Institutional Gender Mainstreaming, August 2018; Integrating Human Rights and Gender in Evaluation, August 2014; and Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, March 2011, accessed 02 July 2021.
[24] See: Norms and Standards for Evaluation, United Nations Evaluation Group, 2016, 2017; UNEG Ethical Guidelines for Evaluation, June 2020, accessed 02 July 2021.

(d) Documentation of examples of how gender, equity and human rights integration happens in practice at country level.

13. **Desk review:** A total of over 300 documents were reviewed, which included policy and guidance documents from the UN and WHO on integrating gender, equity and human rights; technical and programmatic guidance documents; internal reports including the governing bodies documents; and external review reports (see Annex 4: Bibliography).

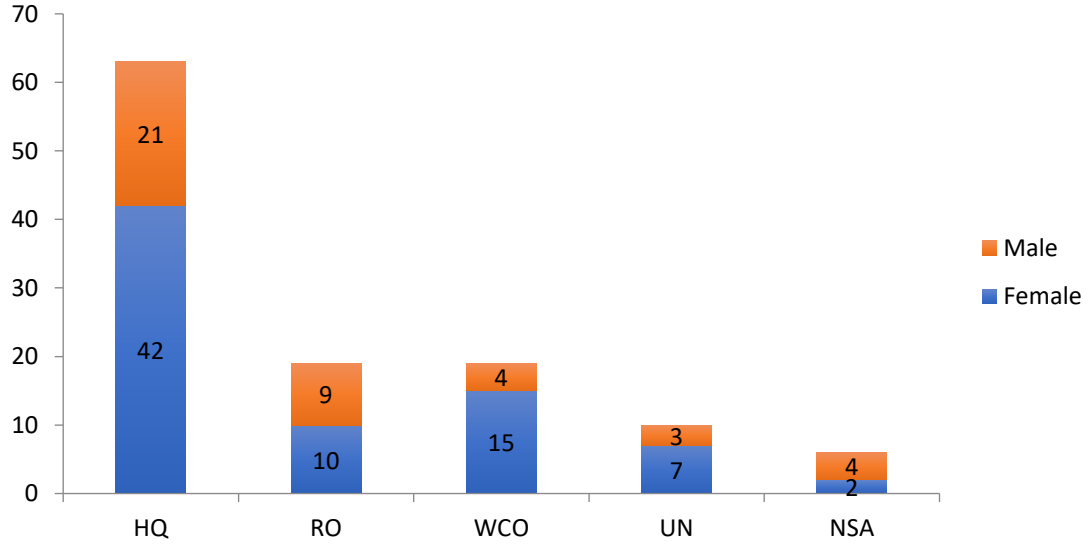
14. **Key informant interviews:** Key Informants were selected to represent the views of the different stakeholder groups identified in the inception phase, with attention to geographical representation and gender balance (see Annex 5: list of respondents). Respondents from the following groups were consulted:
    - WHO staff at the three levels of the Organization that i) have a mandate to support gender, equity and human rights integration at the three levels of the Organization; ii) are responsible for mainstreaming gender, equity and human rights in programmes, technical and normative work and policy work; iii) support the mainstreaming of gender, equity and human rights in corporate processes iv) and ensured that the three individual dimensions of expertise of gender, equity and human rights were covered across the sample.
    - UN agencies and other international partners that WHO partners with on campaigns and policy work at global and regional levels.
    - Civil society and academic partners that WHO has engaged with in relation to the promotion of gender, equity and human rights.

15. A total of 117 individuals were interviewed individually and in small groups. The composition of the sample is presented below. 35% of respondents were men and 65% were women.

Table 1: Individual Interview sample composition

WHO			External partners	
HQ	Regions	Countries	United Nations and other IP	Non-State Actors
63	19	19	10	6

Figure 1: Gender composition of individual interview respondents sample by Office



16. **Online survey:** Given the wide-ranging scope of the evaluation and in order to ensure the maximum opportunity for participation from country level stakeholders, an online survey was administered to the GER focal persons (FP) or equivalents in the WHO Country Offices. Fifty-eight

persons responded out of 117 to whom the survey was sent. The breakdown by region and gender is as follows:

Figure 2: Survey sample by Region

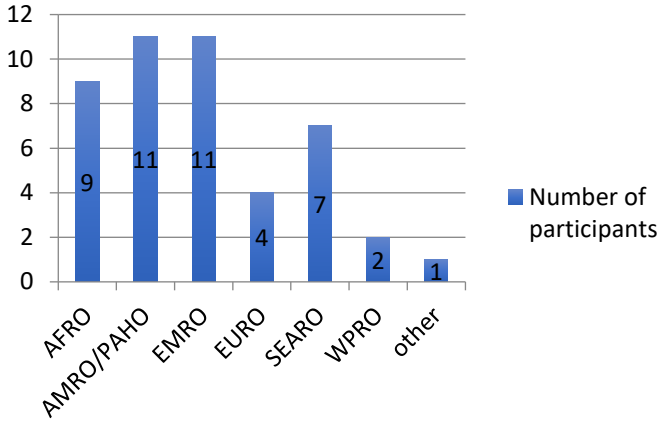
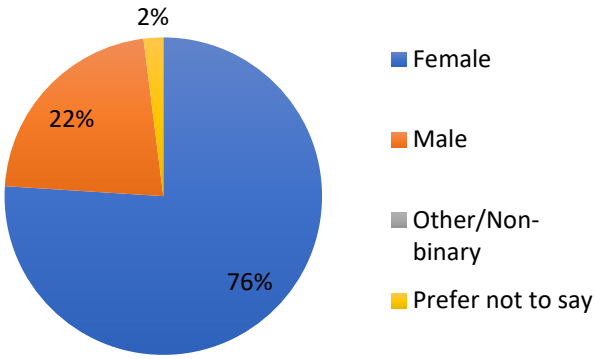


Figure 3: Survey sample by gender



17. It is noteworthy that interview and survey respondent groups are predominantly female. A possible explanatory factor is that the topic of the evaluation related to gender integration, which would suggest that gender-related work is more often undertaken by women.

18. **Comparative analysis:** A comparative analysis was carried out to investigate how the equivalent of the GER function is organized and resourced in selected comparable organizations including UN agencies and other international organizations in order to identify good practices in the sector around key performance areas and inform WHO's future direction on those. These were the Global Fund to Fight AIDS, Tuberculosis and Malaria (the GF), the UNFPA, UNHCR, UNICEF and the World Bank. Lessons were also drawn from the experience of other UN agencies that partook in the interviews.

19. **Country examples**: In order to test the change pathways presented in the logic model, the evaluation has sought to document concrete examples of how gender, equity and human rights integration happens in practice at country level. A light-touch outcome harvesting process has allowed the evaluation to describe ways in which WHO has meaningfully contributed to improving health equity outcomes by promoting gender, equity and human rights integration at country level. Fifty three Country Cooperation Strategies (CCS) posterior to 2016 and the SDGs and valid after 2019, were selected from the six regions of WHO and submitted to content analysis (Annex 7)

Analysis and reporting

20. Several types of quantitative and qualitative analysis were conducted: trend analysis (e.g. UNSWAP indicators), analysis of data disaggregation (Equity Monitor/Global Health Observatory (GHO) and World Health Statistics (WHS)), quantitative and qualitative content analysis (e.g. Country Cooperation Strategies (CCS) review, strategies, guidelines) and comparative analysis. Interviews and online questionnaire material were also subjected to content analysis and qualitative material was themed, organized, coded and interpreted to inform findings.

21. Analysis sought to triangulate quantitative and qualitative data from different sources in order to address the evaluation questions and sub-questions. After validating evaluation results with the

relevant respondents, findings, conclusions and proposed recommendations were shared and discussed with the GER Team and regional GER staff in September before finalising the report.

Risks and limitations

22. A foreseen risk for the evaluation was that concomitant monitoring and evaluation processes may overlap with the scope of this evaluation (i.e. mid-term review of the Programme Budget 2020-2021, the Transformation evaluation, and the internal process of the Mapping and Needs Assessment of Gender mainstreaming). In order to mitigate this risk, the evaluation has i) identified and mapped recent corporate processes and evaluations related to the assessment or evaluation of gender, equity and human rights integration aspects focused on its value-added; ii) made use of current monitoring and evaluation frameworks wherever available to ensure comparability and coherence with other evaluation processes; and iii) sought synergies with other evaluations being conducted concurrently in order to avoid data collection overload – reviewing online survey questionnaires to avoid duplications.

23. The context of COVID-19 pandemic also presented constraints for the evaluation, which had to rely on remote data collection methods. It also potentially affected the ability of some of the respondents focusing on COVID-19-related work to engage in the evaluation process within the planned timeline especially at country office level. Despite this, the participation rate for interviews was high at 93%, suggesting a high level of interest in the topic.

24. Finally, given that the evaluation largely engaged with WHO staff that were either GER focal points of dedicated GER staff, we can assume that awareness and commitment to the gender, equity and rights agenda was higher in the sample than on average in the Organization and did not represent the balance of views held by WHO staff. This was confirmed by the fact that many interviewees explained that they felt they were a minority within their department to promote the gender, equity and human rights lens.

Findings

25. The findings are organized according to the evaluation questions and sub-questions (see Annex 2).

EQ1: To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?

1.1 What have been the main inputs into the Organization's strategic direction around gender, equity and human rights, and to what extent has the integration of these areas into the work of WHO been guided by a clear strategic direction, purpose, scope and objectives?

26. **There has been long-standing work undertaken historically to guide WHO's work on gender, equity and human rights and strengthen the Organization's mandate in this area, affirming its role as the gatekeeper of the right to health as part of the broader UN 2030 Agenda of Leaving No-one Behind. However, these mainstreaming efforts have lacked continuity, which has resulted in the gender, equity and right integration agenda losing momentum in the recent years.**

Box 1: Milestones in the development of a policy framework on gender, equity and human rights integration in WHO

Human Rights: The WHO Constitution (1946) envisages *"…the highest attainable standard of health as a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition",* thus grounding the Organization's work in a human rights-based approach.[25] The 1978 Declaration of Alma-Ata affirmed health as a basic human right, along with an emphasis on equity.[26] WHO and the UN system at large must support Member States to operationalize human rights, leaving no-one behind (LNOB) and gender equality and women's empowerment in progressing on the SDGs (UNGA Res A/RES/75/233 in 2020[27]).

Equity: As seen above, equity also has a strong basis in the WHO Constitution. Recommendations from the Commission on Social Determinants of Health (CSDH) from 2005 to 2008[28] provided strong evidence base to inform WHO's work on equity. The Rio Political Declaration on Social Determinants of Health in 2011 expressed a global commitment to tackling health inequalities and their determinants[29]. The 2018 Declaration of Astana[30] emphasized the commitment to addressing the sources of inequity as a means of achieving UHC and the SDGs. There are several World Health Assembly (WHA) resolutions relevant to equity and health: on reducing health inequities (Resolution WHA 62.14[31]); on health in the 2030 Agenda for Sustainable Development (Resolution WHA 69.11[32]); and on Universal Health Coverage and Primary Health Care (Resolution WHA 72.2[33]). The importance of tackling 'upstream' causes of inequalities has been reaffirmed in the report by the DG on SDH at the A48th EB meeting (EB148/24)[34] and followed up by a resolution on SDH (EB148.R2[35]) emphasizing the links between inter-sectorial action to address SDH and other aspects of equity work such as improving data disaggregation and gender and equity analysis. At regional level, recent Regional Committee resolutions

[25] Constitution of the World Health Organization https://www.who.int/about/who-we-are/constitution, , accessed 02 July 2021.
[26] Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, accessed 02 July 2021.
[27] https://undocs.org/en/A/RES/75/233 , accessed 02 July 2021.
[28] The Commission on Social Determinants of Health - what, why and how? https://www.who.int/social_determinants/final_report/csdh_who_what_why_how_en.pdf?ua=1 and final report Closing the gap in a generation: health equity through action on the social determinants of health in 2008, accessed 02 July 2021.
[29] The Rio Political Declaration on Social Determinants of Health, 2011 https://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf?ua=1 , accessed 02 July 2021.
[30] Declaration of Astana, 2018 https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf , accessed 02 July 2021.
[31] Resolution WHA 62.14 in http://www.who.int/gb/or/e/e_wha62r1.html , accessed 02 July 2021.
[32] Resolution WHA 69.11 in https://apps.who.int/gb/or/e/e_wha69r1.html , accessed 02 July 2021.
[33] Resolution WHA 72.2 in https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25 , accessed 02 July 2021.
[34] EB148/24 in https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_24-en.pdf , accessed 02 July 2021.
[35] EB148.R2 in https://apps.who.int/gb/ebwha/pdf_files/EB148-REC1/B148_REC1-en.pdf#page=17 , accessed 02 July 2021.

include AFR/RC70/9 Quality, equity and dignity in health services delivery in the WHO African region[36] and EUR/RC69/R5 Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in EURO[37].

Gender: The last WHO gender policy was issued in 2002,[38] with the goal of "*contributing to better health for both women and men, through health research, policies and programmes which give due attention to gender considerations and promote equity and equality between women and men.*" Two resolutions of the World Health Assembly (WHA) have emphasized gender equality and the empowerment of women (GEEW) as key elements to achieving the equity: the 2007 Strategy for integrating gender analysis and actions into the work of WHO (in resolution WHA60.25[39]) and the resolution WHA67.15: Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children[40].

27. **UN system-wide and interagency commitments that WHO adheres to** include the UN System-wide Action Plan (UN SWAP) on Gender Equality and the Empowerment of Women; the UN Disability Inclusion Strategy (UNDIS)[41]; the UN framework for action: Equality and non-discrimination at the heart of sustainable development[42], the annual UNSG's report on rural poverty[43], the Secretary General's Call for Action on Human Rights[44], as well as the UN LGBTIQ Task Team, currently in the process of developing a UN system strategy and accountability framework for countering discrimination and violence against people on the basis of sexual orientation, gender identity and expression (SOGIE). Interagency collaborations include the WHO/OHCHR Framework of Cooperation Agreement[45], the Inter-Agency Network on Women and Gender Equality (IANWGE)[46], the Inequalities Task Team[47] and the UN Network on Racial Discrimination and the Protection of Minorities[48].

28. **Since 2019, the GPW13 provides a strategic framework aligned to the Sustainable Development Goals (SDGs), mainstreaming gender, equity and human rights.** The central component of Universal Health Coverage (UHC) in the GPW13 explicitly requires action to focus on addressing the barriers to accessing services by specific segments of the population, and the alignment with the 2030 Agenda is also reflected in the acknowledgment of the importance of SDG5 achieving gender equality and empowering all women and girls, in the realization of the right to health.

[36] AFR/RC70/9 2020 https://www.afro.who.int/sites/default/files/2021-02/AFR-RC70-9%20Quality%2C%20equity%20and%20dignity%20in%20health%20services%20delivery%20in%20the%20African%20Region.pdf , accessed 02 July 2021.
[37] https://www.euro.who.int/__data/assets/pdf_file/0009/413838/69rs05e_HealthEquityResolution_190589.pdf , accessed 02 July 2021.
[38] Integrating Gender Perspectives in the work of WHO: WHO Gender Policy, WHO, 2002. , accessed 02 July 2021.
[39] WHA60.25 in https://apps.who.int/gb/ebwha/pdf_files/WHASSA_WHA60-Rec1/E/reso-60-en.pdf , accessed 02 July 2021.
[40] WHA 67.15 in https://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=25 , accessed 02 July 2021.
[41] UN Disability Strategy, 2019 https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/03/UNDIS_20-March-2019_for-HLCM.P.pdf , accessed 02 July 2021.
[42] Leaving No-one Behind, 2017 https://unsceb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3_0.pdf , accessed 02 July 2021.
[43] Eradicating rural poverty to implement the 2030 Agenda for Sustainable Development : report of the Secretary-General, 2020 https://digitallibrary.un.org/record/3879212/files/A_75_189-EN.pdf , accessed 02 July 2021.
[44] The highest aspiration, 2020 https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/The_Highest_Asperation_A_Call_To_Action_For_Human_Right_English.pdf , accessed 02 July 2021.
[45] WHO/OHCHR Framework of Cooperation Agreement, 2017 based on the report Leading the realisation of human rights to health and through health, WHO 2017 https://www.ohchr.org/Documents/Issues/Women/WRGS/Health/ReportHLWG-humanrights-health.pdf , accessed 02 July 2021.
[46] https://www.un.org/womenwatch/ianwge/ , accessed 02 July 2021.
[47] The Inequality Task Team has a membership of 22 UN agencies including WHO, and was formed in 2019. Recent publications include the COVID-19, inequalities and building back better policy brief (2020) http://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/10/HLCP-policy-brief-on-COVID-19-inequalities-and-building-back-better-1.pdf , accessed 02 July 2021.
[48] Coordinated by OHCHR since 2012, the network includes 20 UN organizations including WHO : https://www.ohchr.org/EN/Issues/Minorities/Pages/UNNetworkRacialDiscriminationProtectionMinorities.aspx , accessed 02 July 2021.

29. **In the successive programme budgets (PB) 2018-19[49], 2020-21[50] and 2022-23 (currently being finalized) the way gender, equity and human rights are featured has evolved**, shifting from having an outcome dedicated to social determinants of health and gender, equity and human rights in the 2018-19 PB, to an increasingly mainstreamed approach in the 2020-21 and 2022-23 PBs. From 2020 onwards, all outcomes are to integrate gender, equity and human rights at the relevant entry points, and the corporate integration function has been placed within the Outcome 4.2 "Strengthened leadership, governance and advocacy for health" as an output: 4.2.6 *"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored*. A separate outcome on social determinants of health has been maintained. More explicit reference to the programmatic elements of gender, equity and human rights integration appear in the 2022-23 PB, including in programmatic outcomes. However, this does not fulfil the UN SWAP criteria for exceeding the requirement on Key Performance Indicator (KPI) 1 'Strategic Planning Gender-Related SDG results' that requires the main strategic planning document to include at least one high-level transformative result on gender equality and the empowerment of women.

Box 2: Evolution of gender, equity and rights integration in the PBs

PB18-19	PB20-21	PB21-22 (examples)
Outcome 3.6 Improved capacities in WHO, the health sector and across all government departments and agencies (whole-of-government) for addressing social determinants, gender inequalities and human rights in health, and producing equitable outcomes across the Sustainable Development Goals Output 3.6.1 Equity, gender equality, human rights and social determinants addressed across WHO programme areas, and Member States enabled to promote, design, and implement related health strategies, policies, plans, programmes and resolutions or laws Output 3.6.2 Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health in All Policies, and whole-of-government approaches Output 3.6.3 WHO Secretariat and Member States have enhanced capacities for measuring and monitoring equity, gender equality, human rights and social determinants	**Outcome 3.1 Determinants of health addressed** **Outcome 4.2 Strengthened leadership, governance and advocacy for health** Output 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored	**Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status** Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course **Outcome 3.1. Safe and equitable societies through addressing health determinants** **Outcome 4.1. Strengthened country capacity in data and innovation** Output 4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored. **Outcome 4.2. Strengthened leadership, governance and advocacy for health** Output 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored

[49] Proposed Programme Budget 2018 -2019 https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf , accessed 02 July 2021.
[50] Proposed programme budget 2020-2021 https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_4-en.pdf , accessed 02 July 2021.

30. **Given the alignment of WHO's work with the SDGs agenda, is there need for a separate strategy on gender, equity and human rights?** Few respondents held the view that WHO does not need a specific strategy on gender, equity and human rights since those dimensions were mainstreamed into the GPW13. More respondents considered that those dimensions were implicitly tackled in the very nature of WHO's work to progressively realize the right to health for all in particular through Universal Health Coverage. However, these views were held by a minority of respondents, and most respondents felt that more clarity and direction were needed in terms of how the WHO intends to operationalize the leaving no one behind agenda in its different areas of work, and define the contours of its role in terms of women's empowerment and gender equality, rights-based approaches to health, and tackling demand side equity barriers. 92% of WCO Gender, Equity and Rights (GER) focal persons that participated in the survey also considered that WHO lacked/had gaps in terms of the Organization-wide strategic direction on gender, equity and human rights integration (Annex 6: Country Office GER Focal Points survey results).

31. **External and internal stakeholders have pointed out the risk of relying on a mainstreaming approach only to gender, equity and human rights without a strong steer from a central unit**, which inevitably leads to a lack of strategic focus, and lack of accountability and resources allocation. On the one hand, running the gender, equity and rights agenda as a vertical flagship programme would undermine its impact across the Organization's work, and the need for integration rather than delivering set gender, equity and human rights specific outputs. On the other hand, many expressed the view that in the absence of an explicit strategy, the gender, equity and rights agenda would become "*mainstreamed to death*" or "*everywhere and nowhere*", and remain a language element on paper with no concrete resources or actions attached to it. As a consequence, WHO's work would remain gender and rights blind in some areas which in turn would lead to failure to reach sufficient focus on the bottlenecks that prevent the progressive realization of the right to health for all. Thus, there is need for both a mainstreaming approach and a centrally driven gender, equity and human right function to provide leadership and ensure that strategic direction and adequate technical resources are in place.

32. **There has not been a formally endorsed strategy on gender since the 2007 one which expired in 2011, and the road map that covered the period 2014-2019 was not replaced by another organization-wide strategic document.** The history of the structure of the gender, equity and rights integration functions in WHO has been unstable in the past ten years, and this has led to a discontinuity in strategic direction and has delayed the integration of gender, equity and human rights in the work of WHO. The 2007 Gender Strategy committed WHO to report on its implementation every two years. A report from the then Department of Gender, Women and Health in 2011 presented a synthesis of findings of a baseline assessment conducted in all six WHO regions and at headquarters to determine the status of gender integration in WHO and to identify gaps and actions in implementing the WHO Gender Strategy.[51] But this was not followed by a final evaluation and the Strategy was not renewed on expiry after the initially contemplated five-year period was completed.

33. From 2014 to 2019, WHO's broader work in all three areas was guided by a Roadmap for Action.[52] The road map constituted an internally agreed strategy for the Secretariat, developed at HQ level with limited consultations with GER focal persons in regional offices, and not formally adopted by WHO's governing bodies. It was not replaced by another Organization-wide strategic document after it came to an end.

[51] Gender mainstreaming in WHO: Where are we now?, WHO, 2011. , accessed 02 July 2021.
[52] Integrating equity, gender, human rights and social determinants into the work of WHO: Roadmap for action 2014-2019. , accessed 02 July 2021.

Box 3: Roadmap for action strategic directions

Direction 1: Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, are gender-responsive and address social determinants in WHO programmes and institutional mechanisms
Direction 2: Promote disaggregated data analysis and health inequality monitoring
Direction 3: Provide guidance on the integration of sustainable approaches, which advance health equity, promote and protect human rights, are gender-responsive and address social determinants, into WHO's support at country level

34. There have been efforts to remedy the lack of strategic direction in recent years. The GER Unit produced draft roadmap for 2020-23, but this process was suspended due to internal challenges in the GER Unit and the requirements of the COVID-19 response. The strategic planning process on gender, equity and human rights integration is planned to resume in 2022.

35. Gender, equity and human rights are integrated together in WHO's organizational structure. However, specialist staff on gender, equity and human rights from both WHO and external partners have expressed that **the implementation of the three dimensions requires different methodological approaches and skill sets.** In the absence of a clear conceptual framework reflected in strategy/ies that envisage how each one of the dimensions in to be operationalized, there is a risk that gender, equity and human rights remain abstract concepts in documents, or that the different core dimensions are not applied systematically across the board. Respondents highlighted that the human rights dimension in particular requires a different type of approach to provide timely input in rapidly evolving policy and political contexts, whereas it is possible to build longer-term plans to support equity and gender integration work. Technical experts with specific skill sets were identified as a key resource to engage externally with relevant UN human rights mechanisms and to translate new human rights treaty body statements into technical advice for WHO departments. There has not been a clear theory of change or results framework articulating how WHO intends to make a difference in relation to these three dimensions. Once this clarity is established and a common understanding achieved, respondents from regional and country offices point out that there is a value in linking these areas together, as well as conceptualizing their linkages with other related areas such as social determinants of health and the cultural diversity/ethnicity agenda.

1.2 What policies, strategies, supporting outputs and activities been produced (and/or revised) to guide the Organization's work to integrate gender, equity and human rights in alignment with the goals of the GPW13 and SDGs, and to what extent do these outputs and activities constitute a necessary and sufficient set of action for meaningfully integrating gender, equity and human rights into the work of the Organization?

36. **The Organization's level of effort has been uneven between the three dimensions** as outlined below:

37. Gender equality is an area with a long tradition of work in WHO which previously had a fully-fledged Department of Gender, Women and Health (between 2000 and 2011). There are two main components to gender mainstreaming in WHO. First, gender mainstreaming has found a more natural fit in programmatic areas relating to women's health, violence against women and girls (VAWG) and sexual and reproductive health (SRH) as gender inequality is a major factor influencing health outcomes in those areas. The second component relates to the mainstreaming of gender across functions (which is captured in the UN SWAP reporting) and programmes (monitored

through the Programme Budget reporting). As part of the WHO Transformation[53], gender was subsumed into the gender, equity and human rights cluster of thematic areas. As a result, there seems to be a loss of focus on gender mainstreaming. The WHO Gender Policy dates back to 2002, and has not been updated to reflect evolutions in this field, such as taking into account the needs of non-binary persons. In the absence of an Organization-wide framework on gender integration, there is a risk that gender remains mostly linked to specific thematic areas. The reduced emphasis on gender-related work in WHO has been highlighted by several external respondents. It is also reflected in the decrease in the production of knowledge pieces and technical and normative guidance related to the area of gender and health in recent years; an area where WHO used to provide meaningful contributions. There were many references made to WHO's gender and health-related guidance produced by the Gender, Women and Health Department (dismembered in 2011)[54] by different external actors, see for example the 2018 GH5050 report[55].

38. Since 2019, work has been strongest on equity, the dimension that has the most natural fit with the GPW13 and its central UHC agenda. As a result, it is the most clearly and consistently articulated of the cross-cutting issues. As one respondent noted "*all the work we do seeks health equity*." There is more emphasis on equity on the services provision side as well as on the health-financing component of UHC that aims to reduce catastrophic healthcare-related spending. The issues of foregone care and demand side-barriers are less systematically addressed, perhaps because they take root outside the health system, in social determinants of health and rights issues. There have been increasing efforts however to tackle this area in a consistent manner. For example, the Breaking Barriers report[56] offers guidance on how to address gender inequalities and rights issues to reduce demand-side barriers: *"For universal health coverage, "leave no one behind" means that countries should prepare equitable and gender-responsive health systems that consider the interaction of gender with wider dimensions of inequality, such as wealth, ethnicity, education, geographic location and sociocultural factors and implement them within a human rights framework."* There has also been on-going work on assessment methods for barriers to accessing health services[57].

39. In general, both WHO and UN partner respondents highlighted that there is a tension between the most cost-effective way of achieving the progressive realisation of UHC and its set target of 80% coverage and the focus on gender and rights issues concerned with how and for whom this target is achieved. The linkage between UHC and rights is highlighted in the 2030 agenda, that calls for reaching the furthest behind first and leaving no-one behind and requires dedicated efforts to reach out to the segments of the population that cumulate intersectional factors of vulnerability.

40. Human rights have continued to receive the least focus in the period since 2019. Human rights and the right to health are well captured in policy documents of the Organization, but when it comes to actual strategies and plans to operationalize these concepts there is less consistency. Respondents from WHO, the UN and academia highlighted that taking a rights-based approach to UHC has been a challenge in practice: For example an external partner from an academic institution commented that *"We talk about UHC as a human right, and we talk about health as a right for all. The concept*

[53] From 2017, WHO has embarked on the Transformation process with the goal of making WHO a modern organization, working seamlessly to make a measurable difference in people's health at country level https://www.who.int/about/transformation , accessed 02 July 2021.
[54] See for example Transforming health systems: gender and rights in reproductive health. A training manual for health managers., WHO, 2001, https://apps.who.int/iris/bitstream/handle/10665/67233/WHO_RHR_01.29.pdf?sequence=1; Gender mainstreaming for health managers. A practical approach. WHO 2011 https://apps.who.int/iris/bitstream/handle/10665/44516/9789241501071_eng.pdf?sequence=1 , accessed 02 July 2021.
[55] https://globalhealth5050.org/wp-content/uploads/2018/03/GH5050-Report-2018_Final.pdf , accessed 02 July 2021.
[56] Breaking barriers towards more gender sensitive and equitable health systems 2019 https://www.who.int/healthinfo/universal_health_coverage/report/gender_gmr_2019.pdf , accessed 02 July 2021.
[57] Handbook for conducting an adolescent health services barriers assessment (AHSBA) with a focus on disadvantaged adolescents, WHO, 2019, https://apps.who.int/iris/bitstream/handle/10665/310990/9789241515078-eng.pdf, accessed 02 July 2021.

of human rights is very clear within the concept of UHC, but from a technical perspective it is more difficult to integrate." and a UN respondent argued that "*a human rights-based approach to programming offers a practical framework for designing and implementing UHC at the national level*." In some areas, human rights are well represented, such as in the work from the nutrition department on upholding the child's rights through the implementation of the Breastmilk Code[58]. At country level however, a disconnect can appear between the Organization's positioning on rights issues and what the country offices can apply or discuss with Member States. This was highlighted as a major bottleneck for human rights-related work by 34% of WCO GER focal persons in the survey. For example, survey respondents commented "*Even where vulnerable communities have been identified, there is a challenge for WHO to get the government to integrate collection, analysis and reporting of disaggregated data due to political sensitivities and political division.*" And *"Gender, equity and human rights are translated into sensitive and political subjects at government level and no interest is shown to work on it."* Several UN and international partners respondents highlighted that as a result of the special relationship WHO has with the Ministries of Health, the Organization has not been able to contribute to advocacy efforts on human rights issues at country level. For example, a UN respondent commented that *"WHO at country level tend to put their relationship with the Ministry ahead of the rights of the populations. It is more important to have a good relationship with the Ministry, we sometimes have to advocate on our own, and it is sometimes hard to bring WHO onboard."*

41. At global level too, on some topics that may be more contentious to some of its Member States, WHO has not always been able to maintain a clear strategic direction to denounce and tackle discriminations and their impact on health in line with the SDG commitments (Box 4). At the same time, WHO has been able to speak out on some key right issues based on making an evidence-based argument of the health impact of human rights violations. For example, WHO has produced guidelines on safe abortion[59] and recently published a fact sheet on this topic[60].

Box 4: LGBTIQ persons right to health

The WHA has not produced any resolution relating to sexual minorities health issues, although a report on Improving the health and well-being of lesbian, gay, bisexual and transgender persons was presented in 2013 to the Executive Board[61]. The agenda item was only postponed, and LGBTIQ issues ended up being tackled as a Q&A page on the WHO website[62]. Only by resorting to the concept of 'health for all' could sexual minorities' right to health be mentioned.

Despite this adverse context, different corners of the Organization have sought to undertake initiatives to address the area of access to and utilization of health services and health disparities resulting from sexual orientation, gender identity and expression-based discrimination. WHO signed a joint UN Statement calling for "Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people"[63]. Efforts have been undertaken by the HIV/AIDS Programme to address the issues relating to the right to health of transgender persons[64]. This area is currently addressed internally by the Working Group on SOGIE, which includes technical experts from a number of departments within HQ and Regional Offices, as well as in programmatic work under the lead of the HIV department. In AMRO/PAHO, the Directing Council adopted a resolution entitled: Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons[65]

[58] International Code of Marketing of Breast milk substitutes, 1981 https://www.who.int/nutrition/publications/code_english.pdf, accessed 02 July 2021.
[59] See for example Safe abortion: Technical & policy guidance for health systems, 2015, https://apps.who.int/iris/bitstream/handle/10665/173586/WHO_RHR_15.04_eng.pdf?sequence=1, accessed 02 July 2021.
[60] https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion, accessed 02 July 2021.
[61] https://apps.who.int/gb/ebwha/pdf_files/EB133/B133_1_annotated-en.pdf, accessed 02 July 2021.
[62] https://www.who.int/gender-equity-rights/news/20170329-health-and-sexual-diversity-faq.pdf, accessed 02 July 2021.
[63] https://www.who.int/hiv/pub/msm/Joint_LGBTI_Statement_ENG.pdf?ua=1, accessed 02 July 2021.
[64] See the Transgender people and HIV Policy Brief of 2015 https://apps.who.int/iris/bitstream/handle/10665/179517/WHO_HIV_2015.17_eng.pdf, accessed 02 July 2021.
[65] Resolution CD52.R6, https://www.paho.org/hq/dmdocuments/2013/CD52-R6-e.pdf, accessed 02 July 2021.

42. The operationalization of the WHO/OHCHR Framework for Cooperation, for which a joint workplan was established in 2019, constitutes a key area where WHO's engagement on human rights work could be strengthened. The Universal Periodic Review for the Committee on Economic, Social and Cultural Rights that monitors implementation and the International Covenant on Economic, Social and Cultural Rights by its States parties is another opportunity for WHO to leverage human rights instruments and promote the right to health.

43. **Despite challenges faced in the recent period since 2019, the GER Unit has been able to achieve several important contributions to integrate gender, equity and human rights in the work of the Organization.**

44. In terms of driving *corporate processes* to integrate gender, equity and human rights as part of the Transformation process, the following achievements can be highlighted:
    - One key success is the output scorecards that have informed the GPW13 mid term review (programmatic and corporate one), as gender, equity and human rights is one of the dimensions of the tools that every department and the three levels of the Organization report on. In 2020, the Output Scorecard was piloted by GER Unit in coordination with the HQ Department of Planning, Resource Coordination and Performance Monitoring across the three levels of the Organization, accompanied by capacity building, communication actions and consultation processes.
    - The GER Unit has resumed responsibility of the UN SWAP reporting.
    - The PB 22-23 has gender, equity, human rights and disability integrated across different outputs under the four pillars. There is an Output Delivery Team on Diversity, Inclusion and Disability where the GER Unit is involved.

45. The GER team has produced guidance and outputs to support the integration of gender, equity and human rights in the *technical and programmatic work* of the Organization. Some highlights are:
    - GER has produced several guidance documents and tools mainly relating to the equity dimension; however whether these tools were actually implemented and improved policies, plans, gender, equity and human rights impact on people's lives has not been systematically evaluated. HQ and country office respondents highlighted the issue of applicability of the tools produced at country level and the need for planning resources for piloting and adapting them from the very beginning. For example one HQ respondent noted "*After 6-8 years of applications, you could really plan to evaluate if this has been useful. It is an important success, but not documented."* There have been efforts to document implementation of some of the tools, such as the barriers assessment work that informed the development of national plans [66] and countries' experience in adapting health policies to address inequalities using WHO produced tools[67].
    - Since the onset of the COVID-19 pandemic, the GER Unit has been providing technical support to various departments. The GER Global Network produced a Gender and COVID-19 advocacy brief[68].
    - The GER Unit is leading on two global public health goods: the Technical Guidance for barriers assessment in health services, with a special focus on adolescent health services

[66] See Assessment of barriers to accessing health services for disadvantaged adolescents in Tanzania. Brazzaville. AFRO/WHO,2019, https://www.afro.who.int/publications/assessment-barriers-accessing-health-services-disadvantaged-adolescents-tanzania and Assessment of barriers to accessing health services for disadvantaged adolescents in Nigeria. Brazzaville AFRO/WHO, 2019, https://www.afro.who.int/publications/assessment-barriers-accessing-health-services-disadvantaged-adolescents-nigeria, accessed 02 July 2021.

[67] See the uptake of the Innov8 tool in Nepal and Indonesia https://www.who.int/life-course/partners/innov8/innov8-informative-brochure-171106.pdf?ua=1, accessed 02 July 2021.

[68] Gender and COVID 19 : Advocacy brief, 2020 https://apps.who.int/iris/bitstream/handle/10665/332080/WHO-2019-nCoV-Advocacy_brief-Gender-2020.1-eng.pdf?sequence=1&isAllowed=y, accessed 02 July 2021.

(AHSBA) and WHO Technical Guidance for mainstreaming gender in health and development (in production).

- The GER Unit has worked on the preparations for the World Health Day 2021 on Equity and Beijing +25 together with the Communications Department[69].

46. **Other parts of the Organization have recently produced gender, equity and human rights specific strategies and outputs with variable levels of engagement of the GER Unit.** Whilst valuable in their own right, these efforts have not been developed in a joint-up and coherent manner. Examples of gender, equity and human rights initiatives in programmes include:
    - The Polio programme (GPEI) has a dedicated Gender Equality Strategy (2019-2023)[70], committed to progressing towards gender equality and women's empowerment at all levels of the programme towards a polio-free world. A strong evaluation framework accompanies the Strategy, including a baseline of the state of GPEI gender responsiveness and an evaluation of the Strategy implementation by the GPEI Independent Monitoring Board.
    - The Health Emergencies Preparedness Department is also currently leading on the development of a Gender Equality Strategy for WHO Health Emergencies (WHE) Department, which will have two components of supporting programmatic and technical capacity to do programming on gender, equity and human rights, and internally ensuring systems take into account parity, and use gender balance scorecard indicators.
    - The Special Programme for Research and Training in Tropical Diseases (TDR) has produced an Intersectional Gender Research Strategy in 2020[71] and a toolkit on intersectional gender analysis for health researchers. The Strategy was developed through a highly consultative process involving internal and external stakeholders. It includes a change model (or 'impact pathway') and a results framework. Core areas covered are: Build research capacities on intersectional gender analysis in research on infectious diseases; Support intersectional gender analysis in research for implementation; Generate evidence on gender intersecting inequalities in access to health services; Promote an inclusive infectious disease research Agenda. The TDR Strategy employs a gender transformative and rights-based approach promoting the participation of women, girls and vulnerable groups in research. Through this strategy, TDR hopes to inform better health programming through the production of evidence on gender and intersectional vulnerability factors.

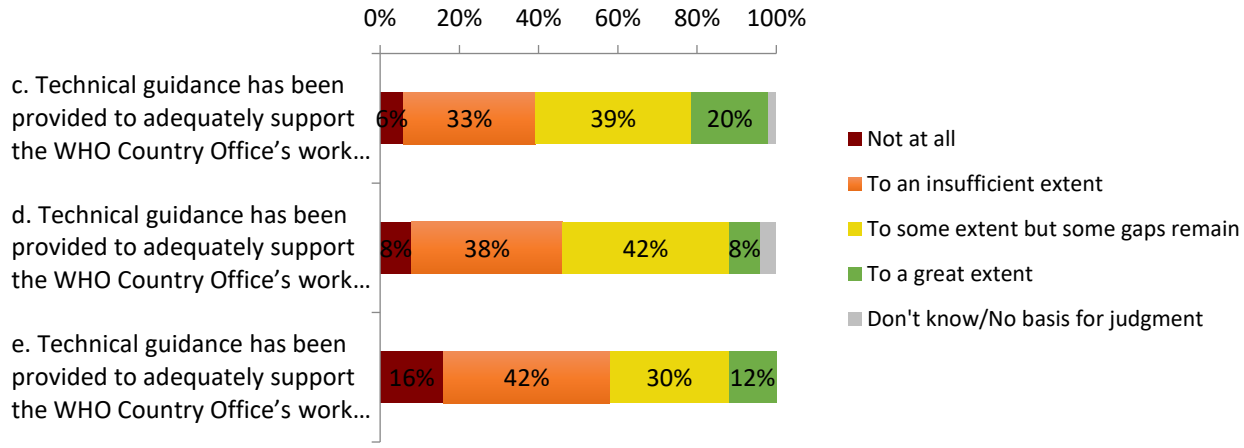
47. **Some of the WHO regional offices have developed specific gender or equity focused strategies.** These include the AMRO/PAHO's Gender Equality policy (2005)[72]; AMRO/PAHO's Policy on Ethnicity and Health (2019)[73]; EMRO's involvement in the MoU that WHO signed with the Union for the Mediterranean in the field of women's access to health in 2020[74]; EURO's Women Health and Wellbeing Strategy (2016)[75] and EURO's men health's strategy (2018)[76]. There were also other initiatives in the past such as the AFRO Regional Strategy for Women's Health (2003)[77].

48. **Practical guidance to guide programmatic areas for country impact has been lacking to meaningfully integrate gender, equity and human rights.** Although a package was produced to

[69] https://www.who.int/campaigns/world-health-day/2021/gender-equity-and-human-rights, accessed 02 July 2021.
[70] Gender Strategy (2019-2023) https://polioeradication.org/wp-content/uploads/2020/07/Gender_Strategy_EN.pdf accessed 02 July 2021.
[71] TDR Intersectional Gender Research Strategy (2020) https://apps.who.int/iris/rest/bitstreams/1279665/retrieve, accessed 02 July 2021.
[72] Gender Equality Policy https://www.paho.org/en/documents/d-paho-resolution-cd46r16-gender-equality-policy, accessed 02 July 2021.
[73] Strategy and Plan of Action on Ethnicity and Health 2019-2025, https://iris.paho.org/handle/10665.2/34447 / accessed 02 July 2021
[74] https://ufmsecretariat.org/fr/ufm-who-join-forces-improve-womens-access-to-health/, accessed 02 July 2021
[75] Strategy on women's health and well-being in the WHO European Region https://www.euro.who.int/__data/assets/pdf_file/0020/314534/66wd14e_WomensHealthStrategy_160519.pdf , accessed 02 July 2021.
[76] Strategy on the health and well-being of men in the WHO European Region https://www.euro.who.int/__data/assets/pdf_file/0010/394894/MHR_strategy_Eng_online.pdf , accessed 02 July 2021.
[77] Women's Health: a Strategy for the African Region https://apps.who.int/iris/bitstream/handle/10665/93246/AFR-RC53-11%20Rev.1%20Women%27s%20health.pdf?sequence=1&isAllowed=y, accessed 02 July 2021.

guide country offices on gender, equity and human rights integration[78], WCO respondents did not mention using it and an important proportion of GER focal persons that participated in the survey considered that guidance was totally lacking or insufficient on gender (39%), on equity (46%) and on human rights especially (58%).

Figure 4: Technical guidance available to CO in the three areas of gender, equity and human rights



49. Survey participants highlighted the need for "*practical guidelines*" and that "*Gender, equity and human rights concepts in current formats are highly technical and theoretical. We need simplified practical guides to understand and act upon."* Interviews with regional and country level WHO staff also suggested that there is lack of practical guidelines prepared by considering the country experiences and engagement, reflecting country realities and developed with country inputs. Guidelines also need to be prepared to suit specific contexts, such as countries in humanitarian crisis.

1.3 To what extent has this work permeated the substantive work of the Organization in concrete ways across its functions and at all levels?

Integration of gender, equity and human rights in corporate functions

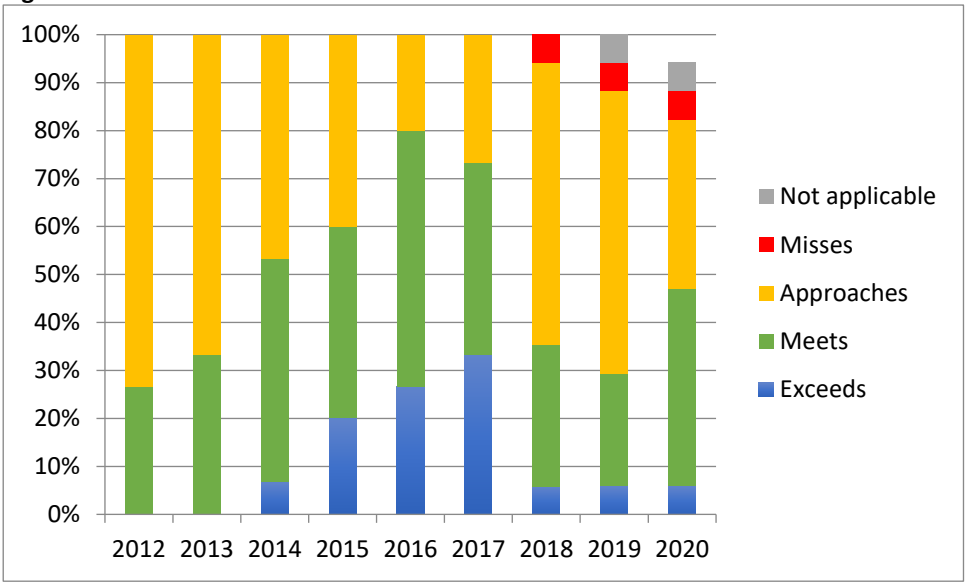
50. **Despite areas of good practice especially on gender balance and corporate accountability, the general picture of integration of gender, equity and human rights in corporate functions and organizational capacity is that this area has stagnated in the recent years.** Internal and external mechanisms of organizational accountability on the integration of gender, equity and human rights, such as the UN SWAP, the first iteration of the Output Scorecard, and the MOPAN assessment have underlined important areas of weakness in the integration of gender, equity and human rights in the corporate functions of WHO (Annex 8: Indicators analysis (UNSWAP, OSC, MOPAN)). Key areas of weakness are the institutional architecture and coordination mechanism, planning and tracking of dedicated resources across the departments, and capacity assessment and development to support the integration of gender and equity lenses and the adoption of a rights-based approach.

51. **UN SWAP indicators analysis** reveals an upward trend in performance from 2012-2017 with a downward inflexion from 2018 and a slight improvement in 2020. However, this change could be influenced by the fact that UN Women issued new guidelines and launched UN SWAP-02 from 2018. A peer review was conducted in 2020 between WHO and the International Trade Centre to facilitate peer-learning exchanges and validate self-scoring on the UN SWAP criteria. The review

[78] WHO Equity, Gender and Human Rights Country Support package for leaving no one behind. WHO, 2017, https://apps.who.int/iris/bitstream/handle/10665/325057/WHO-FWC-GER-17.1-eng.pdf?ua=1

concluded that WHO's scores were congruent with the required standard of evaluation of the UN SWAP.

Figure 5: UN SWAP indicators trend 2012-2020

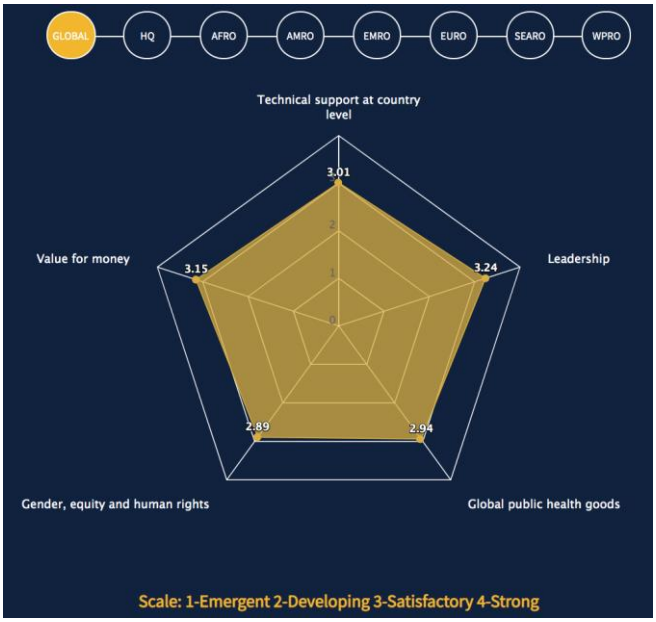


52. It is noteworthy that **the last MOPAN assessment in 2018 concluded that WHO performed satisfactorily on Key Performance Indicator (KPI) 2 "Structures and mechanisms in place and applied to support the implementation of global frameworks for cross-cutting issues at all levels".**[79] WHO scored highly satisfactory on the indicator 2.1a: Gender equality and the empowerment of women dimension, and satisfactory on the indicator 2.1d: Human Rights dimension. The MOPAN report highlighted especially the progress made towards gender parity in staffing at all levels and the increased focus of the GPW13 on gender and human rights: "*One of the strategic alterations is towards human rights and gender and the language in the GPW includes quite a radical shift towards serving the vulnerable."* Despite a generally positive evaluation of WHO's contribution to gender and rights cross-cutting areas, key recommendations for improvement in this area were made and taken on-board in the WHO management response, namely i) to further apply existing guidance to integrate human rights-based approaches in country plans; ii) to address gender-related barriers in the context of UHC; and iii) to participate in joint UN initiatives such as the WHO/OHCHR joint plan and the task team on 'Leaving no one behind, human rights and the normative agenda'[80].

53. **The Programme Budget 2020-2021 mid-term review[81] presented at the WHA 74/28 highlights the findings of the OSC for the Output 4.2.6**, which is the main locus of corporate integration of gender, equity and human rights for leaving no-one behind. Whilst some differences appear between regions, overall the scoring was highest on leadership and the weakest on the impactful integration of gender, equity and human rights.

[79] WHO WOPAN assessment for 2018 http://www.mopanonline.org/assessments/who2017-18/WHO%20Report.pdf, , accessed 02 July 2021.
[80] http://www.mopanonline.org/assessments/who2017-18/WHO%20management%20response.pdf , accessed 02 July 2021.
[81] https://www.who.int/about/accountability/results/who-results-report-2020-mtr#output-scorecards, accessed 02 July 2021.

Figure 6: OSC result for 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored



54. This is consistent with the scores on the dimension of 'impactful integration of gender, equity and human rights' by the rest of the output delivery teams, as a review of the scores presented in the mid-term review shows that **the gender, equity and human rights-related dimension is the weakest one in all but 2 of the 32 outputs**. The mid-term review report notes that "*To improve performance under this dimension, the assessment found that it will require a significant increase in the Secretariat's efforts to engage the implementing entities to integrate GER in their work in order to achieve the output. Under each output, there is a need to determine how GER could be integrated in specific activities that optimize the achievement of the outputs.*" This has been reflected in the PB 22-23 where several outputs under each of the four pillars have explicitly mainstreamed gender, equity, human rights and disability.

55. Despite the weaknesses noted above on financial accountability, **corporate accountability on gender, equity and human rights integration has witnessed significant improvements in the recent period,** in particular:
    - The inclusion of a dimension on impactful integration of gender, equity and human rights in both programmatic and corporate output scorecards, which are a key internal performance reporting mechanism across the whole Organization. Although it is perhaps too early to say whether this has made a difference to how these issues are handled in the different technical areas and corporate functions, it has generated discussion and momentum in departments that did not consider those areas as part and parcel of their core work.
    - The on-going initiatives to improve accountability for gender, equity and human rights integration in leadership at all levels. In the WHO Regional Office for Europe, there are plans for all performance as well as position descriptions to include a gender, equity and human rights component. The Transformation evaluation[82] report also noted that changes were introduced to the ePMDS tool for 2020 to allow outputs (including 4.2.6) to be selected from a drop-down menu, and to enable staff to estimate the percentage of time that would be spent on each SMART objective throughout the year. *"By early 2021, it will be possible to generate reports on the performance of staff by organizational unit and major office based on the ePMDS assessments, linking individual performance to the organization-wide outputs and goals."*

[82] Evaluation of WHO Transformation, 2021 https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5 , accessed 02 July 2021.

56. Another area of recent progress in the corporate integration of gender, equity and rights relates to **on-going efforts to promote diversity and inclusion in the workplace and improve the organizational culture by fostering the participation of staff.** On example is the development of the WHO Values Charter[83] through a participatory process engaging WHO staff at all levels. In relation to this, the WHO websites states that *"The values of the WHO workforce reflect the principles of human rights, universality and equity established in WHO's Constitution as well as the ethical standards of the Organization.[84]*" This area is covered in more detail under ' 2.1 To what extent has the internal application of gender, equity and human rights resulted in concrete change within the Organization?'.

Integration of gender, equity and human rights in programmatic and technical functions

57. **In terms of the programmatic and technical work of the Organization, a promising area is guidelines development,** which now requires the systematic consideration of gender, equity and human rights at all stages, following the revision of the Chapter 5 in the Guidance Handbook for Guidelines Development. One HQ respondent for example commented that "*This increased focus on gender, equity and human rights has also been encouraged by the guidelines development process which requests to take these aspects into account from the get go, it is part of the checklist to consider when starting to develop a guideline."*

58. **In the technical departments, integration of gender, equity and human rights has been piecemeal, with pockets of excellence and longstanding experience in some programmes, and other areas that are now considering how to integrate these dimensions**. Individual dimensions of gender, equity or human rights have been better integrated where they found a more natural fit in programmatic areas.
    - Gender has been historically linked to Gender Based Violence (GBV), sexual and reproductive health (SRH) and reproductive, maternal, new-born, child and adolescent health (RMNCAH), some WHO respondents considering that in WHO "*gender is equated with women health*". However, there have been notable achievements on gender mainstreaming in other areas such as the Special Programme for Research and Training in Tropical Diseases (TDR) and the Global Polio Eradication Initiative (GPEI) (see paragraph 46).
    - The HIV programme has been the locus of rights-based approaches to key populations (prisoners and other people in detention, people who inject drugs, men who have sex with men, sex workers and transgender populations) historically in WHO, leading to some tensions in terms of the department's scope of work as human rights-related issues relating to LGBTIQ, prisoners, people who use drugs (PUD), sex workers tend to be referred to this department. There are good practices on rights of marginalized groups such as migrants in the WHO Health Emergencies Programme (WHE), and working on legal aspects of the right to health through the work of commercial determinants of health and the Child Rights in the Nutrition Department. The global tuberculosis programme, the mental health programme and ageing and health programme have also striven to systematically consider human rights dimensions.
    - In other programmes, the integration of gender, equity and human rights has found a less natural fit and it has been more challenging to prioritize. This has been highlighted in different programme evaluations in recent years, such as the Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (2020)[85], the Evaluation of the Global strategy and

[83] WHO Values Charter, https://www.who.int/docs/default-source/documents/values-charter-en.pdf?Status=Temp&sfvrsn=4ed75cec_12, accessed 02 July 2021.
[84] https://www.who.int/about/who-we-are/our-values, accessed 02 July 2021.
[85] https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ncd-gap-final-report.pdf?sfvrsn=55b22b89_22&download=true, accessed 02 July 2021.

action plan on ageing and health (2016-2020) (2020)[86] and the Summative Evaluation of the WHO Rapid Access Expansion (RAcE) Initiative (2019)[87] (Annex 9: Gender-, equity- and human rights-related recommendations and management responses in WHO-published evaluations since 2019).

– Several departments have planned to deliver global public health goods that are directly contributing to gender equality, equity or the promotion of the rights to health.

Box 5: Global Public Health Goods (GPG) that explicitly integrate gender, equity and human rights considerations

GPG number	GPG title	Department/Unit	Main dimension addressed
11	WHO Global Health Observatory and Equity Monitor enlarged to include nationally representative person centred data on older adults	UHC-LC	Equity
191	Life course approach: Public engagement guide. Products will include a health and rights literacy guide with evidence-based facts that are conducive to a long and healthy life.	UHC-LC	Human rights
196	Technical guidance for barriers assessment in health services, with a special focus on Adolescent Health Services Barriers Assessment (AHSBA)	DGO/GER	Human rights, equity, Gender
226	Handbooks on prevention, screening, diagnosis, treatment and care delivery of TB in children and adolescents (including drug-susceptible, drug-resistant TB, and TB comorbidities) to support implementation of WHO guidelines, norms and standards in targeted settings and key populations.	UCN/ GTB	Equity
308	New and up-to-date guidance on comprehensive HIV and hepatitis services for key populations (including men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners) is packaged as consolidated guidance.	UCN/ HIV	Human rights
314	Guidance on addressing the social determinants that increase HIV and hepatitis vulnerability and risk among (with a focus on key populations) and increase vulnerability, stigmatization and discrimination of people living with HIV and people living with hepatitis	UCN/ HIV	Equity, human rights
342	Country, regional and global health inequality reports	DDI	Equity
431	GPW 13 thematic and analytical reports focusing on determinants of health and inequality; web portal to show progress and visualisations.	DDI	Equity
521	Community based mental health services. Guidance and best practices for policy makers and planners to achieve UHC and promote human rights.	UCN/ MSD	Human rights, equity
1345	WHO technical guidance for mainstreaming gender in health and development	DGO/GER	Gender
1377	Global Evidence-based Review on Social Determinants of Health and Equity	HEP/SDH	Equity
1378	Global Strategy for Addressing the Social Determinants of Health (presented to the World Health Assembly)	HEP/SDH	Equity

[86] https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/ageing-evaluation-final-report-june-202060acbc4a-39fe-4bee-9ade-1e12328d8b89.pdf?sfvrsn=f67904b1_1&download=true, accessed 02 July 2021.

[87] https://www.who.int/about/evaluation/race_eval_synthesisreport_v1.pdf , accessed 02 July 2021.

59. **Gender equity and human rights integration has differed between regions,** however equity considerations feature prominently in all regions. Recent work has focused on the health equity implications of the COVID-19 pandemic.

- In AFRO, there have been important efforts to provide technical assistance to countries on assessing barriers to access through gender and equity analysis. A review of the status of health equity and key barriers to access in the region, "*Monitoring health inequalities and inequities in the African Region: who are being left behind?*" was conducted in 2017. Nineteen country teams were trained on the use of WHO guidelines for barriers assessment in health services, and many more requests for this support were received. Programmatic work has been piloted in Nigeria and Tanzania on assessing the barriers to health services access for vulnerable adolescents in 2019 based on the AHSBA Handbook[88], and there are plans to scale these approaches up in other countries in the region. A virtual training of trainer on gender mainstreaming and the WHO barriers assessment approaches is being considered for roll out in the region.
- AMRO/PAHO has systematically worked to mainstream cross-cutting issues in the Organization's strategic plans and biennial work plans, supported by a common results framework on equity, gender, ethnicity/cultural diversity and human rights.

Box 6: The AMRO/PAHO approach to mainstreaming gender, equity and cultural diversity

AMRO/PAHO's approach to gender, equity and human rights integration differs significantly from the other WHO regions. It is characterized by a comprehensive effort to mainstreaming the cross-cutting issues of equity, gender, ethnicity, and human rights. Three themes are led by the Office for Equity, Gender, and Cultural Diversity. The human rights theme is located in the Office of the Legal Counsel but strategically linked to the other areas. PAHO's Strategic Plan for 2020-2025 entitled 'Equity at the heart of health'[89] takes into account the intersectionality of all cross-cutting themes. The strategy defines the respective roles and responsibilities of the AMRO/PAHO Secretariat and Member States in implementing the organizational strategies on the cross-cutting themes. The implementation of the Gender Equality Policy has been supported by successive workplans (2009-2014, 2015-19), and evaluated periodically. New areas of work were added to the original scope of work: the 2015-19 Plan aimed to "*expand conceptual framework and modalities to promote and address gender identities, including LGBT and masculinities (among others), and their linkages with ethnicity and other social determinants of health"*.

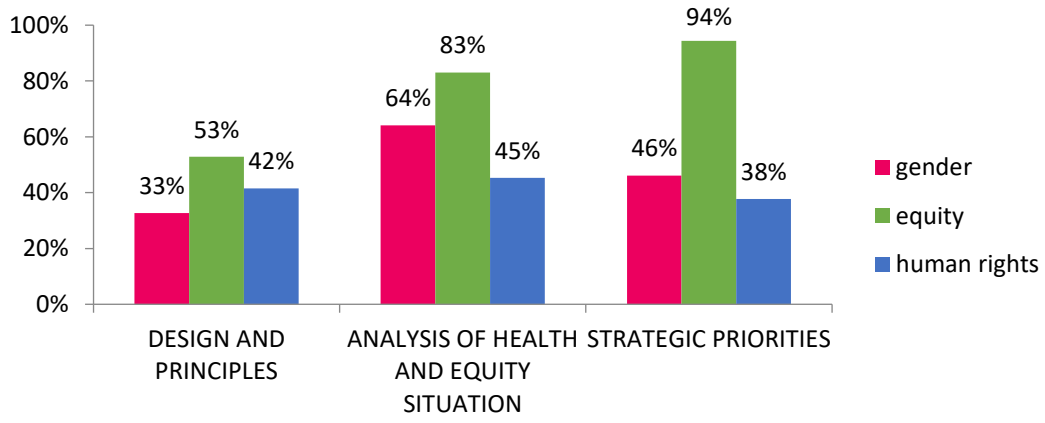
- In EURO, the Health 2020[90] Policy framework includes 'Improving health for all and reducing inequalities' as the first strategic objective. The focus on equity was supported in 2019 by a resolution[91] and an assessment of key equity issues in the region.[92] In relation to gender mainstreaming, the region produced two separate strategies on women[93] and men's[94] health. The current strategic and policy framework are highly influenced by the current context of the COVID-19 pandemic and explore how issues on human rights, equity, gender, ethnicity and cultural diversity play out in the pandemic impact and response. These are reflected in the European Programme of Work – 'United Action for Better Health in Europe' (2020-2025)[95] and the call to action 'Rethinking policy priorities in the light of pandemics' (2021)[96].

[88] https://apps.who.int/iris/bitstream/handle/10665/310990/9789241515078-eng.pdf?sequence=1&isAllowed=y, accessed 02 July 2021.
[89] https://iris.paho.org/bitstream/handle/10665.2/52473/9789275173619_eng.pdf?sequence=5&isAllowed=y , accessed 02 July 2021.
[90] Health 2020 : The European Policy for Health and Wellbeing, EURO/WHO, 2012
https://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf , accessed 02 July 2021.
[91] EUR/RC69/R5
[92] Healthy, prosperous lives for all: the European Health Equity Status Report, 2019
https://apps.who.int/iris/bitstream/handle/10665/326879/9789289054256-eng.pdf?sequence=1&isAllowed=y , accessed 02 July 2021.
[93] Strategy on women's health and well-being in the WHO European Region, EURO/WHO, 2016
https://www.euro.who.int/__data/assets/pdf_file/0003/333912/strategy-womens-health-en.pdf , accessed 02 July 2021.
[94] Strategy on the health and well-being of men in the WHO European Region, EURO/WHO, 2018
https://www.euro.who.int/__data/assets/pdf_file/0010/394894/MHR_strategy_Eng_online.pdf, accessed 02 July 2021.
[95] https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/about-the-european-programme-of-work
[96] https://www.euro.who.int/__data/assets/pdf_file/0010/495856/Pan-European-Commission-Call-to-action-eng.pdf , accessed 02 July 2021.

- In EMRO, a Commission on Social Determinants of Health in the Eastern Mediterranean Region was established in 2019, echoing the process that had taken place in 2008 in WHO[97]. Its final report considers how the region can take advantage of the lessons learned from the COVID-19 pandemic to reduce underlying health inequalities[98].
- In SEARO the strategic approaches for work in this area include: country-focused technical support; capacity-building; evidence building; and strengthened communication and partnerships. The regional office has developed country factsheets on gender and health. The Regional Strategy for Universal Health Coverage[99] integrates equity considerations. The annual progress report to the Regional Committee on SDGs and UHC contains annually updated country profiles featuring data disaggregated by common equity stratifiers. Recently, there has been exchanges of experiences and good practices with other regions such as WPRO.
- In WPRO, the five-year strategy "For the future"[100] aims to mainstreams gender, equity and rights across the seven strategic priorities.

60. **At Country Office level, there has been even greater variability**. Overall, 41% of survey respondents felt that WHO is not sufficiently integrating gender, equity and human rights in external work of the WHO country office, and only 13% consider that these dimensions are well captured. The analysis of 53 Country Cooperation Strategies (CCS), selected from the six regions of WHO, prior to 2016 and valid after 2019, revealed what common features emerge across WHO's work in country and provided examples of how these areas are integrated in WHO country offices work (Annex 7: CCS analysis). Takeaway points from this exercise are highlighted below.

Figure 7: Integration of gender, equity and human rights integration in the different sections of the CCS



[97] Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health, 2008 https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf; , accessed 02 July 2021.
[98] Build back fairer: achieving health equity in the Eastern Mediterranean Region" http://www.emro.who.int/pdf/media/news/report-of-the-commission-on-social-determinants-of-health-in-the-eastern-mediterranean-region.pdf?ua=1 , accessed 02 July 2021.
[99] Regional Strategy for Universal Health Coverage https://apps.who.int/iris/bitstream/handle/10665/273650/sear_strategy_for_uhc1.pdf?sequence=1 , accessed 02 July 2021.
[100] For the future: towards the healthiest and safest Region: a vision for the WHO work with Member States and partners in the Western Pacific, 2020, https://iris.wpro.who.int/bitstream/handle/10665.1/14476/WPR-2020-RDO-001-eng.pdf, accessed 02 July 2021.

Box 7: CCS analysis key findings

_ There are disparities among the current CCS in terms of how gender, equity and human rights are featured. A great majority of CCS do not integrate gender, equity and human rights systematically, although all CCS in the sample included some elements of it.

_ There were examples of good practice of gender, equity and human rights integration in different CCS on specific aspects:

Equity featured most frequently, especially in relation to the UHC agenda (i.e. barriers to accessing health services for specific population groups). Few CCS included systematic disaggregation of indicators. Equity analysis was mostly limited to some programmes: HIV, RMNCAH, noncommunicable diseases (NCD) risk factors. There were missed entry points, such as the lack of explicit focus on health inequalities analysis in HMIS and SDH related strategic priorities. Analysis of intersectional vulnerability factors was mostly linked to ethnicity (e.g. women from indigenous communities) and age (e.g. adolescent boys and girls).

Human rights was the least systematically integrated dimension. Where it featured, qualitative analysis revealed that it was linked to the following themes: participation of civil society/rights holders in the development process of the CCS; analysis of the country legal framework relating to human rights and advocacy based on identified entry points (i.e. on commercial determinants of health); analysing health systems and services based on the AAAQ framework; and policy work and technical assistance to promote access for specific marginalized groups (e.g. in relation to HIV, mental health and humanitarian contexts).

Gender analysis in the background section, when present, was not always clearly linked to health outcomes, which was then reflected in the lack of focus in the strategic priorities section on how gender was taken into account. Gender based violence, RMNCAH and SRH most often mentioned gender as a vulnerability factor. However, in many CCS there was no mention of how those programmes would address gender-related factors of health issues. For example, GBV programmes often focus on medical attention to survivors rather than on holistic approaches addressing the root causes of GBV (i.e. unequal power relationship between men and women). Few CCS addressed the specific health vulnerabilities of men.

_ The CCS evaluation framework section did not include gender, equity and human rights and disaggregated indicators in the great majority of cases.

EQ2: What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?

2.1 To what extent has the internal application of gender, equity and human rights resulted in concrete change within the Organization?

61. Following this evaluation's logic model, the integration of gender, equity and human rights in corporate functions serves a dual function: as an end in itself for the staff to benefit from a healthy and equitable workplace; and as a necessary condition for the Organization to promote gender, equity and human rights throughout its externally facing work. Given the Organization's mandate as a custodian of the right to health for all, there is also an expectation that WHO must be exemplary on these issues based on the 'practice what you teach' principle.

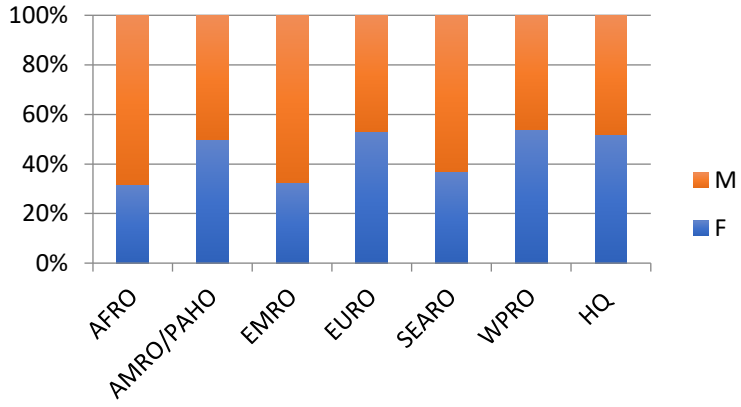
Inclusion and diversity in WHO staffing structure

62. **There have been continuous efforts to reach parity in staffing and equitable geographical representation in the WHO workforce**. The 2017 Gender Equality and Staffing Policy[101] commits WHO to achieving at least a 1.5% increase in the percentage of female staff at P4 and above, every year for the following five years at HQ and Regional Offices levels. At December 2020 women

[101] https://www.who.int/docs/default-source/documents/gender/gender-parity-in-staffing.pdf?sfvrsn=b2f5a0df_4&download=true, accessed 02 July 2021.

represented 45,9% of staff members in professional and higher categories overall, depicting regional disparities as shown in the table below, from 43,7% in 2017.

Figure 8: Percentage of women in the professional and higher categories holding long-term appointments in 2020 including AMRO/PAHO (source: Human resources reports 2021 of WHO[102] and AMRO/PAHO[103])



63. **Although there is an upward trend, there are still difficulties in reaching parity for higher level positions**: In WHO the percentage of women as heads of country offices increased by 2.1% between 2017 and 2020 to reach 37.1%; and the percentage of women at the P6, D1 and D2 grades increased by 4.1% in the same period to reach 35.5% (numbers exclude AMRO/PAHO). In AMRO/PAHO, according to the data presented in the 2021 human resources report, women held 45% of higher-grade positions (P4 to D2). The report notes that *'Although the Bureau attained gender parity in the international professional category, an examination of staff distribution by grade and sex shows that women were overrepresented at the lower grade levels and underrepresented at the higher grade levels.'*

64. Recent measures to accelerate the reduction of the gender gap in professional and higher-level positions and ensure geographical representation in staffing include: outreach initiatives including investment in targeted outreach and recruitment campaigns to improve performance against targets for diversity; senior management and all supervisors and managers with recruitment responsibilities being accountable for gender parity; the gender recruitment panel pledge requiring recruitment panels to not sit if both men and women are not represented; advertised positions including the mention '*Applications from women and from nationals of underrepresented Member States are particularly encouraged.*'; the fact that the current Director-General (DG) has striven to ensure gender parity in the senior management team, and appoint female Assistant Director-General (ADG).

65. **Recruitment to ensure geographical representation and from under-represented countries is also being strengthened.** The WHO Human Resources Annual Report 2021 (A74/25) notes that the percentage of staff in the professional and higher categories holding long-term appointments from developing countries increased by 3% since July 2017 to reach 43.8% in December 2020, and that the percentage of staff members at the D1 and D2 levels from developing countries increased by 5.1% in the same period, presenting an upward trend. The Transformation Evaluation Report mentions that on terms of diversity, there has been a change in geographical representation for lower-level positions: *"As part of our Transformation, and with thanks to your ideas, WHO is taking concrete steps to promote diversity. One example is by providing career progression opportunities*

[102] A74/25 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_25-en.pdf, accessed 02 July 2021.
[103] SPBA 15/10 https://www.paho.org/es/file/82968/download?token=_MerH-5j, accessed 02 July 2021.

to national professional officers (NPOs), who would like to be considered for international professional positions. (DG Message to all staff 5 August 2020).[104]

Changes in organizational culture and practices to support diversity and inclusion in WHO workplace

66. As highlighted in the evaluation logic framework, a change in internal culture and practices has an intrinsic value for the wellbeing of the Organization's staff, and is also the basis of true ownership of the gender, equity and rights agenda across all areas of work.

67. There have been a number of recent initiatives on **promoting a respectful workplace** as part of the Transformation, and following the participatory development of the WHO Values Charter by WHO staff[105]. Areas of progress include how the Organization handles sexual exploitation and abuse and sexual harassment, two areas in which WHO's leadership role was recognised by the MOPAN secretariat[106]. Respondents from human resources-related corporate functions reported a heightened awareness of WHO's dispositions on sexual exploitation and abuse and sexual harassment issues among staff and better knowledge of how to address them. The 2010 Harassment Policy[107] that requested individuals to try and resolve the sexual harassment issues informally has been amended to reflect current practice of this area. The updated Preventing and Addressing Abusive Conduct Policy[108] includes updated definitions on sexual harassment, discrimination and the duties of WHO staff and non-staff personnel. However, it is not possible for this evaluation to comment on the actual implementation of the sexual exploitation and abuse and sexual harassment-related policies and how they have translated in practice. Work undertaken on **mainstreaming disability** concerns as part of the operationalization of UN-DIS[109] in WHO is on-going with the adoption of an organizational Disability Policy[110], although these developments are recent and the evaluation cannot comment on concrete changes resulting from them at this time. Respondents from WHO HQ mentioned that priority areas included improving building accessibility (referring to the HQ Office) and website accessibility.

68. In terms of promoting **inclusion and diversity in the organizational culture**, WHO HQ respondents highlighted key issues that were not sufficiently addressed such as discrimination related to gender, sexual orientation and gender identity expression and racism. Other emerging issues are age-related discrimination and disability. The internal justice system of WHO, including the key components of the staff association and an independent Ombudsmen office, is one locus where individual experiences of discrimination are referred to. The Ombudsmen produce reports[111] on emerging issues from the cases they treat, which have highlighted that key rights and equity issues of racism and discrimination against LGBTIQ people may not be tackled adequately and require further investigation. One important issue highlighted by respondents in this respect is the access to redress mechanisms and opportunities to benefit from the initiatives on respectful workplace especially at regional and country office levels.

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[104] Evaluation of WHO transformation (2021) https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5 , accessed 02 July 2021.
[105] https://www.who.int/about/who-we-are/our-values, accessed 02 July 2021.
[106] MOPAN management response 2018 http://www.mopanonline.org/assessments/who2017-18/WHO%20management%20response.pdf
[107] Policy on the Prevention of Harassment at WHO, 2010 "Where instances of harassment have allegedly occurred, staff members are normally expected to use informal means to try and resolve the situation promptly in a non-threatening and non-contentious manner."
[108] Preventing and Addressing Abusive Conduct Policy, WHO, 2021, https://www.who.int/publications/m/item/preventing-and-addressing-abusive-conduct. Accessed 02 July 2021.
[109] United Nations Disability Inclusion Strategy, 2019, https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/03/UNDIS_20-March-2019_for-HLCM.P.pdf, accessed 02 July 2021.
[110] WHO Disability Policy, 2020, https://www.who.int/docs/default-source/disability/who-disability-policy-2020.pdf?sfvrsn=a50e8d5a_1&download=true, accessed 02 July 2021.
[111] EB146/INF./2 Report of the Ombudsman, 2019 https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_INF2-en.pdf, accessed 02 July 2021.

69. There are initiatives on-going to address diversity and inclusion issues in WHO workplace, both by the Organization and by self-organised staff groups. These include:
    - A five-minute video of unconscious bias shown to recruitment panels to ensure that WHO recruits diverse people including persons with disabilities,
    - WHO has a UN GLOBE[112] Coordinator that can escalate issues relating to LGBTIQ staff's rights to the senior management of the Organization, as well as a sexual orientation and gender identity expression (SOGIE) group,
    - A Diversity and Equity Strategy supported by WHO Staff Association was presented at the last Global Human Resources meeting and is pending approval. A new diversity and inclusion unit and Output Delivery Team are to be established to oversee topics of discrimination and exclusion based on gender, race, disability, sexual orientation, level of education and age.

70. However, country and HQ respondents pointed out the fact that racist, homophobic, transphobic and gender discriminatory attitudes, especially at management level, still constituted an obstacle to progressing the respectful workplace agenda and continued to impact the attention given by management to gender, equity and rights in the work of the Organization. The Transformation evaluation's staff survey noted that some areas of WHO's organizational culture were showing signs of slight improvements, but that change processes were long term and required heightened and sustained efforts to be addressed effectively[113].

Changes in gender, equity and human rights capacity

71. This area has been the subject of numerous recommendations from previous evaluations and reports relating to gender, equity and human rights work in WHO, for example the Gender Strategy baseline, (2011), the mid-point review of the Gender Strategy (2016), and the 2016 and 2021 Mappings and needs assessments of gender mainstreaming. Capacity development needs concern both dedicated gender, equity and human rights technical staff and GER focal persons, who should be equipped with relevant and up-to-date skills and knowledge of these topics. They also help to fulfil the need for a basic shared understanding of gender, equity and human rights concepts and principles across all staff, especially those in management positions. Despite this, there is no current framework for assessing capacity development needs in WHO to date, with the requirements to fulfil the KPI of Capacity Assessment being missed for the two last rounds of the UN SWAP.

72. **The interview and survey respondents identified gender, equity and human rights-related capacity as a key pending issue**. Survey respondents ranked lack of gender, equity and human rights-related capacity gaps as the second internal bottleneck to gender, equity and human rights integration (41% of respondents). This preoccupation was also reflected in the fact that 71% of GER focal persons considered that they needed additional skills on gender, equity and rights to support their work. Respondents provided several suggestions on how capacity development support could be delivered at country level.

[112] UN Globe is a network organization advocating for the rights of LGBTIQ+ staff in the UN system http://www.unglobe.org/ , accessed 02 July 2021.
[113] Evaluation of WHO Transformation, 2021, https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5, accessed 02 July 2021.

Box 8: Survey respondents' recommendations on capacity development for gender, equity and human rights in the Country Offices

Train all programme and administrative staff in order to mainstream gender, equity and human rights in WCO organizational culture:

- All to be trained and acquire skills on gender, equity and human rights
- Enhancing capacity of technical and administrative staff on gender, equity and human rights
- In order to have a change of attitude of WHO staff it is of utmost importance to have dedicated technical training for the GER FP
- Focus on capacity and skills of GER NPO

Emphasise relevance and tailoring to country context:

- WHO should provide constant capacity building, training, workshops and recent evidence sharing with WCOs on gender, equity and human rights. But the data should be applied to country contexts and not from other continents where a lot of factors may differ from WCO context capacity building for gender, equity and human rights
- Develop projects, courses, publications, and materials also in Portuguese

Importance of horizontal exchanges of experience between countries and regions:

- Organization of meeting and resources to discuss and learn from each other within the Organization
- To have in-person workshops at the global and regional levels of the Organization in order to strengthen capacities and work on gender, equity and human rights across the Organization
- Adding the WCO FP to a WHO group on gender, equity and human rights
- Provide more information to countries; Promote exchange of experiences between countries
- Improve regular discussions among GER focal points; create / strengthen GER focal points network; share best practices of gender, equity and human rights integration into the work of WHO Country Office; promote / stimulate cross-cutting themes and approaches within GER, particularly with consideration to intersectionality and complex country reality.

73. **Some initiatives have taken place to address capacity development needs on gender, equity and human rights in WHO.**
    - The E-Learning course delivered by PAHO on *Gender and Health: Awareness, analysis and action* has been available in English and Spanish[114] since 2013. It has been made available to all WHO staff and taken up horizontally in other regions, with thousands of participants having registered. For example, WHO Syria Country Office in EMRO has made this course mandatory to all fixed appointment staff.
    - The WHO Academy gender, equity and human rights training programme with support from the GER Unit constitutes a promising initiative to address the capacity development needs on gender, equity and human rights. This programme will be delivered in a two tiered approach: in Tier 1, the GER Unit is providing technical inputs and support to integrate a GER focus in all WHO Academy courses (initially in 20 courses). In Tier 2, the GER Unit is developing a GER-specific course for WHO staff, multilateral system partners and Member States. In spite of this, it is important to recognise that the timeframe to roll out the Academy programme constitutes a medium- to long-term solution to the capacity development needs and no change relating to this work could be documented at the time of the evaluation.

74. Many WHO interview respondents have expressed the need to have a comprehensive gender, equity and human rights mandatory training for all managers at the three levels of the Organization to ensure that they understand the importance of mainstreaming and are able to support the institutionalization of these cross-cutting issues. At the same time respondents acknowledged that

[114] PAHO launches first edition of Virtual Course on Gender and Health for the English-speaking Caribbean https://www.paho.org/en/news/19-9-2013-paho-launches-first-edition-virtual-course-gender-and-health-english-speaking, accessed 02 July 2021.

a half day mandatory training would not resolve the issue of gender, equity and human rights capacity and awareness by itself.

Changes in senior management and leadership buy-in to support gender, equity and human rights integration

75. Although it may be a more complex area to assess and tackle, awareness and ownership of gender equality, equity and human rights principles at all levels and especially by the senior management and leadership is crucial to the meaningful integration of gender, equity and human rights in the external facing work of the Organization.

76. It has not been possible to conduct an assessment of gender, equity and rights awareness across the staff as part of this evaluation. The last known assessment of this kind took place in relation to gender only, in 2011 as part of the mid-point review of the Gender Mainstreaming Strategy. Contributions from key informant interviews and survey results point out **uneven levels of awareness at leadership level, which constitute a major bottleneck to integration.** While WHO interview respondents at all levels often quoted supportive leadership as a main facilitating factor for their work as focal points, the GER Country Office focal person survey results reveal senior management was not always sensitized to these issues. 31% of respondents considered that gender, equity and human rights was not a priority on the part of their management. Recommendations provided by the respondents on the theme 'Ensuring buy-in and sensitization of leadership and senior management, especially at WCO level to support strong institutional positioning on human rights and gender equality agendas' featured as a major topic. For example *"At country level, the most critical aspect is the support of the WR in this work. There is hesitancy around meaningful engagement on gender, equity and human rights, beyond disaggregating data or some programmatic aspects of the work - as human rights, in particular the underpinning aspect of State responsibilities, is seen as 'political' whereas we should 'stick to health' (which is then understood to be something related to services provision and distinct from the realm of social determinants)."* Or "*The Organization needs to translate the commitment in the GPW13 to strengthen this area of work to action by ensuring that management at all level priorities it and commit enough resources for technical support. There should also be clear and enforceable accountability mechanism in this regard.*"

77. Many WHO HQ interview respondents have pointed out that **the current DG's emphasis on gender, equity and human rights has resulted in concrete improvements**: In the leadership positioning and internal and external communication of WHO, there is more consistency and attention paid to integrating gender, equity and rights language. This has provided a strong message on the need to prioritize these areas at all levels of the Organization.

78. The **selection criteria of gender and rights-aware candidates** as part of the standard recruitment progress constitutes another important lever in terms of strengthening leadership and buy-in on gender, equity and human rights at senior management level. Little evidence of change was noted in this area by the evaluation. The AFRO region has put in place a strategy of female staff development for leadership positions through the Pathway to Leadership for Transformation of Health programme[115], now adopted Organization-wide. A women's cohort of the leadership programme was also launched, which focused on overcoming barriers to career progression among female staff in AFRO.

79. **Targeted capacity building and mentoring to directors in different technical areas** is a core function of the GER Unit. The Transformation evaluation recommends that **"***WHO Secretariat should escalate its investment in leadership and professional skills development at all levels of the*

[115] https://www.afro.who.int/pt/node/10743 accessed 02 July 2021.

Organization, but especially among WHO representatives and managers elsewhere. Leadership initiatives should incorporate the cross-cutting priorities of gender equity and empowerment and diversity and inclusion."

2.2 To what extent have the Organization's actions to date resulted in immediate, intermediate and longer-range outcome-level changes, whether intended or unintended, in programmatic and operational work?

Changes that have happened as a result of Organization-wide efforts

80. **There has been increased emphasis across programmatic areas and in global reports on reporting health data disaggregated by sex and other dimensions of inequality, led by the DDI.** This constitutes an essential contribution of WHO to identifying and supporting Member States in addressing health inequalities.

81. DDI has led a strong stream of work on assessing and supporting countries capacity to collect, report and analyse disaggregated data to identify and address health inequities. This work has been led by the Health equity monitoring team and supported by a network of Data Focal Points in WCOs. The Health Equity Monitor serves as a platform for health inequality monitoring as part of the Global Health Observatory database. Using survey data from over 110 countries, it includes a database of 30 indicators disaggregated as relevant using six inequality dimensions (sex, age, economic status, education, rural vs. urban residence and subnational region). It also presents health equity country profiles. However, the database currently mostly includes reproductive, maternal, new-born and child health indicators. That being said, this year in the occasion of World Health Day, new disaggregated datasets are released through Health Equity Assessment Toolkit Plus (HEAT Plus) Data Repository[116]. They include GPW13 indicators, women empowerment index, and water, sanitation and hygiene. It is noteworthy that other indicators in the Global Health Observatory are disaggregated by sex, for example on NCD risk factors or on urban health.

82. The World Health Statistics (WHS) report recent iterations have increasingly included analysis of inequalities using disaggregated data. In the 2018 edition, the health statistics by country were not disaggregated except for life expectancy at birth (by sex); in 2019, most other relevant indicators were sex-disaggregated for the first time. The 2020 report included a box on the need for disaggregated data to achieve equity in health, and the 2021 edition included a new Annex presenting the availability of disaggregated data (by five inequality dimensions) for GPW13 outcome indicators[117]. WHO also produced reports on state of inequalities in different thematic areas (for example: Childhood immunization, Reproductive, Maternal, Neo-natal and Child Health (RMNCAH) and in a country, Indonesia).

83. In addition to compiling global data, **WHO provides technical support to countries to improve health information systems and the collection of disaggregated data**. Some programme departments collect country data through surveys (e.g. STEPS survey for NCD risk factors, GLAAS survey on drinking water, sanitation and hygiene, SAGE and WHS+). The HEAT and HEAT Plus tools allow exploring and comparing health inequalities in countries based on the Equity Monitor data (HEAT) or using uploaded data (HEAT Plus). However, there has not been a systematic evaluation of these tools and their uptake at country level, and despite the presence of data focal persons in some country offices, WCO, regional and HQ interview respondents pointed out that there was often a lack of monitoring and on-going technical support to operationalize those tools at country level. In addition, demands on data reporting and disaggregation may not always be well

[116] https://www.who.int/data/gho/health-equity/assessment_toolkit/heat-plus-data-repository, accessed 02 July 2021.

[117] All WHS reports available at https://www.who.int/data/gho/publications/world-health-statistics, accessed 02 July 2021.

streamlined among different technical areas of WHO, resulting in increased demands on HMIS with limited capacity, especially in low and lower middle-income countries. One respondent noted *"There is a lot more focus on disaggregated data. It takes strong leadership to reduce the burden for frontline health workers. This is a challenge for the equity issues."*

84. The recently published SCORE technical package[118] constitutes an effort to streamline WHO's guidance on strengthening countries' HMIS by providing a capacity baseline analysis. It comprises five interventions to strengthen country health data and information systems. The Global report on health data systems and capacity (2020) uses the SCORE framework to map the capacity of a very large number of member states' health information systems and show data disaggregation in countries. The report showed that only 51% of the 133 participating countries included data disaggregation in their published national health statistical reports (ranging from 63% of high-income countries to 46–50% of countries in other income groups).

85. Based on disaggregated data reporting, **WHO has supported analysis and subsequent planning to address equity, rights and social determinants of health as barriers to accessing health care.** The Innov8 tool[119] provides guidance to Member States on developing national health policies, strategies and plans, system governance and health systems functions for leaving no one behind. Innov8 uses inequality data to guide changes in health systems based on identifying subpopulations being missed, recognizing barriers, defining potential drivers of the barriers and prioritizing health system actions including intersectoral approaches and social participation. This tool was implemented in Indonesia, and the WCO has undertaken efforts to follow up on the findings of the analysis conducted, using it to develop their CCS in all technical areas, beyond the areas of RMNCAH and UHC. Challenges have included the workload involved in conducting the translation of these findings into operational plans of the different technical areas, when the GER Focal Person in the Office has other responsibilities alongside the integration of gender, equity and human rights.

86. **The COVID-19 pandemic however has revealed the fragility of the integration of gender and equity considerations in surveillance data**. According to both internal and external respondents, WHO was not able to report sex-disaggregated data for COVID-19 cases consistently. The WHO COVID-19 dashboard does not present data disaggregated by sex or other dimensions of inequalities. The COVID-19 Sex-disaggregated data tracker published by GH5050 and partners provides such data and indicates that *"Sex-disaggregated data along the clinical pathway, from testing through to hospitalisations and intensive care unit (ICU) admissions, is essential to helping us understand who is being impacted by the epidemic and who has access to testing and health services. Yet very few countries are reporting this data in its entirety[120]."*AMRO/PAHO did produce sex-disaggregated data on COVID-19[121].

87. **Health inequity analysis focuses predominantly on quantitative aspects, with less emphasis on mixed-methods to understand the full dimensions of gender and intersectional inequalities as well as human rights aspects.** Both WHO respondents and external stakeholders from academia and civil society have highlighted this gap. For example, one respondent noted that *"From technical perspective, the equity analysis is good but WHO really needs to move into mixed methods to understand the full dimensions of gender and intersectional inequalities."* The DDI is currently working on developing case studies to better understand the mechanisms and factors that lead to entrenched health inequalities.

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[118] https://www.who.int/data/data-collection-tools/score, accessed 02 July 2021.

[119] Innov8, 2016 https://apps.who.int/iris/rest/bitstreams/1061940/retrieve, accessed 02 July 2021.

[120] https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/, accessed 02 July 2021.

[121] COVID-19 Health Outcomes by Sex in the Americas, 2021 https://iris.paho.org/bitstream/handle/10665.2/53372/PAHOPHEEGCCOVID-19210007_eng.pdf?sequence=5&isAllowed=y , accessed 02 July 2021.

88. **WHO's work at the forefront in the area of the policy and advocacy work on commercial determinants of health has represented a longstanding and on-going contribution to adopting a rights-based approach to health.** The unique role of WHO in this area stems from its expertise and authority on policy health impact analysis, for example in relation to tobacco control[122]. WHO has been able to leverage authoritative data on how harmful commercial impact the right to health, and the Organization continues to offer policy support to countries on these issues. WHO also counts with in-house expertise on legal aspects of the application of human rights in nutrition issues. The Breastmilk Code is an important area of work for WHO in collaboration with UNICEF in this respect. WHO is involved in the Child's Rights Committee, and led on the Code of Marketing of breast milk substitutes in 1981 (40 years anniversary) bi annual report. The Organization continues to implement safeguards such as the Framework of Engagement with Non-State Actor (FENSA)[123] to ensure coherence on these aspects. In this respect, WHO HQ respondents have expressed that it can be complex to manoeuvre emerging partnerships with some private sector stakeholders whilst holding the industry to account on commitments and maintaining consistency at all levels on organizational positioning.

Regional initiatives to progress gender, equity and human rights that have driven change at country level

89. AFRO's work on reducing barriers to accessing health services for vulnerable adolescents was mentioned previously (see paragraph 59).

90. AMRO/PAHO has a long-standing experience on ethnicity and health, with a dedicated Policy (2017)[124] and a related Strategy and Plan of Action covering the period 2020-2025.[125] Recent work has involved integrating ethnicity concerns in the COVID-19 response in the region with a series of guidance and analysis documents: 'Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations' [126], Considerations for indigenous peoples, afro-descendants and other ethnic groups in the context of the pandemic',[127] and two reports presented at High Level Meetings: 'The Impact of COVID-19 on Afrodescendant populations in the Americas: Priorities and Opportunities identified in coordination with Afrodescendant Representatives'[128] and 'The Impact of COVID-19 on Indigenous Peoples in the Americas: Priorities and Opportunities identified in coordination with Indigenous Representatives.'[129]

91. EMRO's gender-based violence work has included work on addressing gender social norms beyond a bio-medical focus on clinical attention to survivors. In 2020, a joint WHO EMRO/EURO project focused on gender-based violence and the health sector to improve countries capacities in preventing and responding to VAWG as a key public health, issue, and supporting progress under SDGs 3 and 5[130]. Furthermore, WHO EMRO supported the development and update of national health policies, GBV strategies and protocols based on WHO guidance and the local context (in Pakistan), and in 2021 launched the "Respect Framework for Preventing Violence against Women."[131]

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[122] https://www.who.int/fctc/text_download/en/, accessed 02 July 2021.
[123] FENSA framework, 2016 http://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf, accessed 02 July 2021.
[124] CE160/15 Policy on Ethnicity and Health https://iris.paho.org/bitstream/handle/10665.2/34195/CE160-15-e.pdf?sequence=1&isAllowed=y, accessed 02 July 2021.
[125] Strategy and Plan of Action on Ethnicity and Health 2019-2025 https://iris.paho.org/bitstream/handle/10665.2/51744/PAHOEGC19002_eng.pdf?sequence=1&isAllowed=y, accessed 02 July 2021.
[126] https://iris.paho.org/handle/10665.2/52058 , accessed 02 July 2021.
[127] https://iris.paho.org/handle/10665.2/52251, accessed 02 July 2021.
[128] https://iris.paho.org/handle/10665.2/53428, accessed 02 July 2021.
[129] https://iris.paho.org/handle/10665.2/53525, accessed 02 July 2021.
[130] https://ufmsecretariat.org/project/violence-against-women-and-girls/ , accessed 02 July 2021.
[131] https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/, accessed 02 July 2021.

92. EURO has promoted a rights-based, participatory approach to assessing health services: The Child Rights Assessment Tool for Hospital Care was tested in five countries using an inclusive and participatory approach. It included modules for caregivers based on the Convention of the Rights of the Child. The tool allowed for caregivers to come together with hospital staff to evaluate the outcome of the services, and identify ways forward addressing the barriers identified. This experience however was judged costly and time consuming, with regards to the resources allocated to develop and sustain a rights-based approach to health. The resources and capacity implications of implementing and maintaining a participatory approach to health programming must therefore be considered. The region has also produced a gender analysis of STEPS NCD risk-factor survey data from eight country profiles, which has helped build the capacity of NCD focal persons on gender analysis[132].

93. In SEARO, health equity barriers analysis has taken place in Indonesia and Nepal. SEARO also tackles violence against women across countries through policy advocacy and building capacity on prevention and response within the health sector as part of a multisectoral approach.

WHO's contribution to changes in countries in terms of gender, equity and rights

94. **This section presents a review of the different ways in which WHO has contributed to outcome-level changes in gender equality and women's empowerment, health equity and the realisation of the right to health at country level in recent years.** The evaluation has collected descriptions and examples of how WHO Country Offices' interventions integrating gender, equity and human rights contributed to concrete changes in countries' capacity, policies and programmes. Data was analysed and categorised to provide an overview of the actual domains of intervention and influence of WHO at country level in the areas of gender, equity and human rights. This analysis also offers a glimpse into the institutional set-up models, approaches taken and bottlenecks and facilitating factors for this work.

Change Area 1: WHO Country Office has promoted reporting of disaggregated data in the Demographic Health Survey (DHS), SDG3 reporting, and other health periodic reviews

The collection of disaggregated data at national and sub-national levels was the strongest area of contribution to the fields of gender, equity and human rights by WCO (88% of survey respondents agreed partly or strongly).

Examples of actions in this field were:

- The disaggregation and analysis of available DHS data and survey findings to inform and advise stakeholders at different levels in different programs
- Gender, equity and human rights dimensions are integrated into latest national Demographic and Health Survey
- Surveys on health care services continuum during COVID-19 were stratified by age and sex

A country example in practice: **Pakistan Country Office** has undertaken policy and capacity building work to strengthen data disaggregation in the health information system, and to streamline work on gender and social determinants of health. This resulted in adding variables and indicators in the reporting and monitoring of GBV and access to services and harmonizing the web based reporting from district and federal data.

[132] Gender and noncommunicable diseases in Europe: analysis of STEPS data, EURO/WHO, 2020 https://apps.who.int/iris/bitstream/handle/10665/337471/WHO-EURO-2020-1664-41415-56457-eng.pdf

Change Area 2: WHO Country Office has supported the use of disaggregated data and other data sources on gender, equity and human rights to analyse health inequalities

Survey respondents widely identified equity analysis and the identification of vulnerable groups as key areas of contribution at country level (78% of respondents agreed partly or strongly)

Examples of actions in this field were:

- Integrating issues of special groups such as women, girls and vulnerable populations in priority work of RMNCAH.
- Development of a Vulnerability Framework for adolescents (in progress) in collaboration MOH to identify health inequalities and associated factors that can provide basis to develop evidence-based policies, programmes and practices.

A country example in practice: **Romania Country Office** has leveraged technical support from the Regional Office on gender and rights to mainstream cross-cutting issues and conduct equity analysis in maternal and child health and tobacco control programmes. However, there is a need to further raise the awareness of the national partners regarding their role in gender, equity and human rights integration and for the Regional Office to work across programmes to enable for gender, equity and human rights-sensitive activity planning and reporting.

Change Area 3: Technical assistance delivered by Country Office has contributed to integrating gender, equity and human rights in health programmes

Programming to address identified health inequalities as key areas of contribution at country level ranked as the third most important area of contribution (76% of respondents agreed partly or strongly).

Examples of actions in this field were:

- Population Based NCD screening: prioritizing health care needs of women and including two common women's cancer at the community and primary health care (PHC) level.
- WHO has been supporting MoH by advocating for the need to take up mental health and psychosocial support during COVID-19 pandemic. MoH developed plenty of resources on different aspects of mental health and psychosocial support for different vulnerable population sub-groups (children, pregnant mothers, elderly, migrants).
- In 2019, the TB officers were trained to plan eradication of TB with a gender perspective.

A country example in practice: **Mongolia Country Office** has supported the efforts of Mongolia on gender mainstreaming. Mongolia has demonstrated its commitment in promoting gender equality through a comprehensive policy and strategic framework including the Law on Promotion of Gender Equality (2011), the National Strategy to Promote Men's Health (2014-2018), and the second National Program on Gender Equality (2017-2021). Through the Regional Office-supported project on Governance for Health Equity, WHO Mongolia supported the implementation of a cascade training to build capacity on health equity at all levels of the Government. This support is expected to continue into the next biennium.

Change Area 4: Gender, equity and human rights integrated in emergencies and COVID-19 response programmes and plans

Examples of actions in this field were:

- Health Response to GBV in emergencies strategic plan is developed and some parts are implemented

- In COVID-19 context, Multi-Partner Trust Fund (MPTF) funding and UN partnership has mobilized resources to support strengthening health sector response to address gender-based violence

A country example in practice: **India Country Office** has worked with UNWOMEN and UNFPA to respond to the rise in VAWG incidence during the COVID-19 lock down period. Interventions supported included capacity building of counsellors and one-stop crisis centres to reach out to women. A collaboration was also undertaken with UNICEF to address COVID-19-related rise in violence against adolescents and children, and to strengthen primary health care to respond to mental and psychosocial support needs of these vulnerable population groups.

Change Area 5: Policy guidance and advocacy on gender, equity and human rights integration promoting multi-sectoral action and including the perspectives of vulnerable people

According to survey respondents, the promotion of meaningful participation of women and girls and vulnerable groups ranked fourth in terms of WHO's contributions to the promotion of gender equality, health equity and human rights (70% and 67% of respondents agreed partly or strongly respectively).

Examples of actions in this field were:

- Documentation of field stories of the female workforce (community health workers etc.)
- Advocacy for services to be provided to vulnerable population groups and dialogue between vulnerable communities and institutions to improve health and social issues of these population groups.
- Engagement with civil society groups on UHC (HIV network, LGBT community, women groups) and NCDs
- WHO successfully implemented a joint UN Gender programme and has engaged a civil society organization to support implementation.

A country example in practice: **Brazil Country Office** has a longstanding team working on gender, equity and cultural diversity. They have implemented a programme on delivering culturally appropriate maternal health services in the indigenous communities. They have a specific work stream on raising awareness of the different WCO technical programmes where they bring persons from vulnerable groups in the office to discuss their lived experiences. The integration across programmes still faces bottlenecks, reflecting the complexity of having a coherent and harmonized approach to gender, equity and cultural diversity at WCO level across all programmes.

Change Area 6: Including a gender responsive or transformative perspective within the GBV and SRH programmes

Examples of actions in this field were:

- The development of the National Health Policy, GBV was included as a public health issue
- Participation in Gender Theme group led by UNWOMEN gave a chance to contribute technically including in the development of National Strategic plan for GBV
- WCO undertook a situation analysis on health sector's response to violence against women
- Strengthening inter-ministerial coordination related to VAWG

A country example in practice: **Liberia Country Office** is working on supporting policy change on GBV and offering mentoring to government in this area. Although in-house capacity is low, especially with regards to non-health, legal aspects of this work, gender mainstreaming is evolving at a steady pace and remains a top organisational priority, requiring dedicated support from the RO level and continued support from the WCO leadership.

95. Common challenges to integrating a gender and equity lens and applying a human rights-based approach at WCO included:
    - The lack of formalization of the focal point position in WCO and accompanying capacity development. Many focal persons have expressed that this is an add-on to their core activities, with no human or financial resources dedicated to it, except when there is external project funding, in which case consultants are hired for the duration of the funding without leaving capacity in the Organization.
    - A common challenge has been the integration of gender, equity and promotion of a human rights-based approach across programmes, beyond specific technical areas that are a more natural fit for this. This reflects the fact that this agenda is 'home grown' and not driven by organizational priorities up to implementation on the ground. It also reflects the lack of a joined up approach between technical areas, where a GER Focal Person working in a technical area does not easily cross over to discuss gender, equity and human rights in other technical areas.
    - Smaller country offices have the advantage of being able to integrate gender, equity and Human rights better, because they must work in a more joined up manner and share responsibilities. However, they often have to rely on the Regional Office for technical expertise on gender, equity and human rights and have little time to dedicate to integrating these dimensions into their core areas of work.
    - Country Office respondents have highlighted the lack of simple, streamlined guidance on how to integrate a gender and equity lens in their work in practice. These concepts are included in documents as high-level values, but there is scarce concrete guidance on how to apply them in technical cooperation.

2.3 To what extent is WHO monitoring its contribution in these areas and feeding this knowledge back into its programmatic work?

Impact level/GPW13 Outcome indicators

96. WHO has streamlined its impact framework to align with the 2030 agenda, which supports the tracking of impact level changes the Organization seeks to influence. Equity features prominently in this framework, with attention to different factors of vulnerability. The GPW 13 results framework also includes indicators relating to tackling harmful gender norms beyond women health outcomes 5.6 « Proportion of women (aged 15–49) who make their own decisions regarding sexual relations, contraceptive use and reproductive health care (%) ». There are no indicators that relate to human rights-based approaches or meaningful participation in health programmes.

Outcome level or changes in policies, programmes, resources and practices at country level

97. **A major gap remains in terms of monitoring framework on the outcomes of WHO's contribution is the different technical areas, and what success looks like once gender, equity and rights have been integrated across programmes. This was highlighted by many external and internal stakeholders, for example, a regional office respondent noted: "***WHO has not pushed on a results focus on gender, and human rights, it is still at the integration stage, but not looking at programmatic results and indicators."* In this respect, the AMRO/PAHO approach to monitoring this area of work contrasts with the output scorecard approach, in that the region has opted for a fully-fledged M&E framework, with indicators that are reported on by country offices.[133] This presents the advantage of providing a coherent approach to the monitoring of cross-cutting issues,

[133] A Framework and indicators for monitoring gender, equality and health in the Americas 2019 https://iris.paho.org/bitstream/handle/10665.2/51786/9789275121597_eng.pdf?sequence=5&isAllowed=y, accessed 02 July 2021.

reducing the burden on country offices and Member States in terms of having to interact with different technical units and streamlining the reporting demands by having one common approach to choosing, collecting and reporting stratifiers.

Output level/ GPW13 outputs that WHO Secretariat is directly responsible for delivering

98. There are various mechanisms to track outputs that WHO is tasked to deliver: the output scorecard, the UN SWAP on gender and the upcoming UN-DIS monitoring tool on disability. MOPAN conducts regular (every 4 years) external organizational performance/systems assessments, inclusive of mainstreaming of gender and human rights approaches.

99. The UN SWAP process, despite providing an annual check on the integration of gender equality and women's empowerment status across the Organization, has largely remained disconnected from planning and accountability processes in the WHO, and there is no clear follow up on the identified remedial actions under each areas. Reflecting the increased scrutiny by Member States of WHO's performance on gender mainstreaming, the WHA Committee requested that the annual letter from UN Women addressed to the Director-General on UN SWAP results should be shared with Member States[134]. There is an attempt to better link UN SWAP to organizational accountability internally in the 2022-23 programme budget, where performance of UN SWAP has become an indicator of Outcome 4.2.6 (Box 9).

100. In terms of the Output Scorecard (OSC) process, participants have highlighted several strengths: It institutes gender, equity and human rights as a core pillar of organizational performance; the accountability for these areas clearly rests on all the Organization across outputs, and spans both corporate and technical areas; the process has allowed to raise awareness of their role in some of the technical departments, and opened a regular space for discussing this area. This has been especially true in places that did not previously see any significant link between their work and gender, equity and human rights. However, in terms of influencing the integration of those areas in practice, some challenges have also been raised: It is a subjective score, so where there is no awareness of GER requirements there is a tendency to ignore gaps; the scoring may be skewed to high scores given that the results are under public and Member States scrutiny; the OSC arrives before there is an organizational gender, equity and human rights strategy, so people are unclear what they should be working towards; and the OSC is only helpful if there is an incentive other than to determine how well you perform.

101. In terms of the monitoring of the Output 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored, a new set of indicators is proposed in the new programme budget (2022-23).

Box 9: Proposed Programme Budget 2022-23 indicators relating to Output 4.2.6

- Percentage of outputs with at least a score of 3 on the "Impactful integration of gender, equity and human rights" output scorecard dimension
- Number of countries implementing at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes
- Percentage of resolutions at global level that include gender-responsive, equity-oriented and human rights-based actions
- Percentage of indicators that are met or exceeded in the United Nations accountability frameworks subscribed to by WHO, namely the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) and the United Nations Disability Inclusion Strategy (UNDIS)

[134] A73/36 in https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_36-en.pdf , accessed 02 July 2021.

In evaluations

102. A review of all WHO published evaluations since 2019 reveals that many evaluations (10 out of 17) presented recommendations relating directly to the integration of gender, equity and human rights in the work of WHO (Annex 9: Gender-, equity-and human rights-related recommendations and management responses in WHO-published evaluations since 2019).

Box 10: Gender, equity and human rights-related recommendations in WHO evaluations since 2019

Thematic evaluations provided recommendations on incorporating gender, equity and human rights internally: in leadership development initiatives, tailoring capacity building efforts ensuring that they cover gender, equity and human rights-related capacity gaps, and promoting an inclusive culture based on the WHO Values Charter, especially at country level.

Programme evaluations focussed on improving data disaggregation and analysis, identifying barriers for specific vulnerable groups, documenting gender-related barriers to access including an analysis of intersectional vulnerability factors, and ensure that cross cutting issues were mainstreamed across the programme's strategy.

Country Office evaluations highlighted the need to strengthen the gender, equity and human rights aspects in the Country Cooperation Strategies and their monitoring frameworks. Although it did not directly refer to gender, equity and human rights integration in its recommendations, the Myanmar country office evaluation (2021) also noted that the gender, equity and human rights analysis was absent both the current draft and previous CCS[135].

EQ3: How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?

3.1 To what extent is the structural placement of the function within the Organization optimal for achieving corporate results?

Current status of the gender, equity and human rights architecture in WHO

103. 135The different elements of the current architecture for gender, equity and human rights integration in WHO currently are represented in Figure 9 (green boxes represent the GER Global Network, dotted lines represent active GER Focal Points networks at regional level).

HQ level

104. The gender, equity and human rights architecture is composed in HQ by the GER Unit and designated focal persons in each department that are responsible for integrating these dimensions in their team's work. **In practice however, gender, equity and human rights capacity exists in different corners of the Organization without clear coordination and accountability lines between them.** Several programmes fulfil key functions for gender, equity or human rights integration, with full time positions allocated: A human rights lawyer (in the RMNCAH Department), an equity advisor (SDH), and a scientist working on gender and equity (TDR). DDI works with the GER Unit providing technical input to the different technical units on health inequalities monitoring whilst the GER unit advocates for disaggregated data to be considered across all programmes.

105. Further, **many of the focal persons are not active or have changed position since the Transformation. Currently the GER Focal Point function is not harmonized across technical areas**, with varying scenarios:

[135] Country Programme Evaluation Report : Myanmar, accessed 02 July 2021.

- Some departments have not appointed GER focal points following the Transformation restructuration;
- Some departments have informal focal points that have a personal interest for this area of work but no dedicated time or training;
- Other departments have specialised consultants working on one of the dimensions as part of a specific project;
- Others have led longstanding efforts with dedicated human resources to guide integration of gender, equity or human rights throughout their department's strategies, policy and technical guidance and knowledge production.

At regional and country levels, there are different set ups:

106. In AFRO a new office structure is being set up where the GER function may remain under the DPM or be placed under the Assistant-Director with a more direct link to programmatic areas. The one-person team in the GER department has to cater to increasing demands from countries in the region on gender, equity and human rights integration. A promising proposal from this region is to have dedicated technical capacity on gender, equity and human rights in the bigger country offices that would be tasked to support others in the region.

107. In AMRO/PAHO there is a fully-fledged office leading work on equity, gender and cultural diversity at regional level with five full term staff and short-term contracts funded by flexible and voluntary funds, as available. There is also a P4 Human Rights Advisor located in the Office of the Legal Counsel. Country offices in the regions have one or several focal point positions. Some country offices have full time technical advisors, both staff and consultants, working on gender, equity and cultural diversity (such as Brazil)

108. In EMRO the GER focal person is also the coordinator of the SDG3 GAP and is supported by a UN volunteer gender specialist currently under recruitment. His function is placed in the Office of the Regional Director reporting to the Chef de Cabinet, and he liaises with a network of country offices GER focal persons, where some offices have full GER focal person positions and others do not.

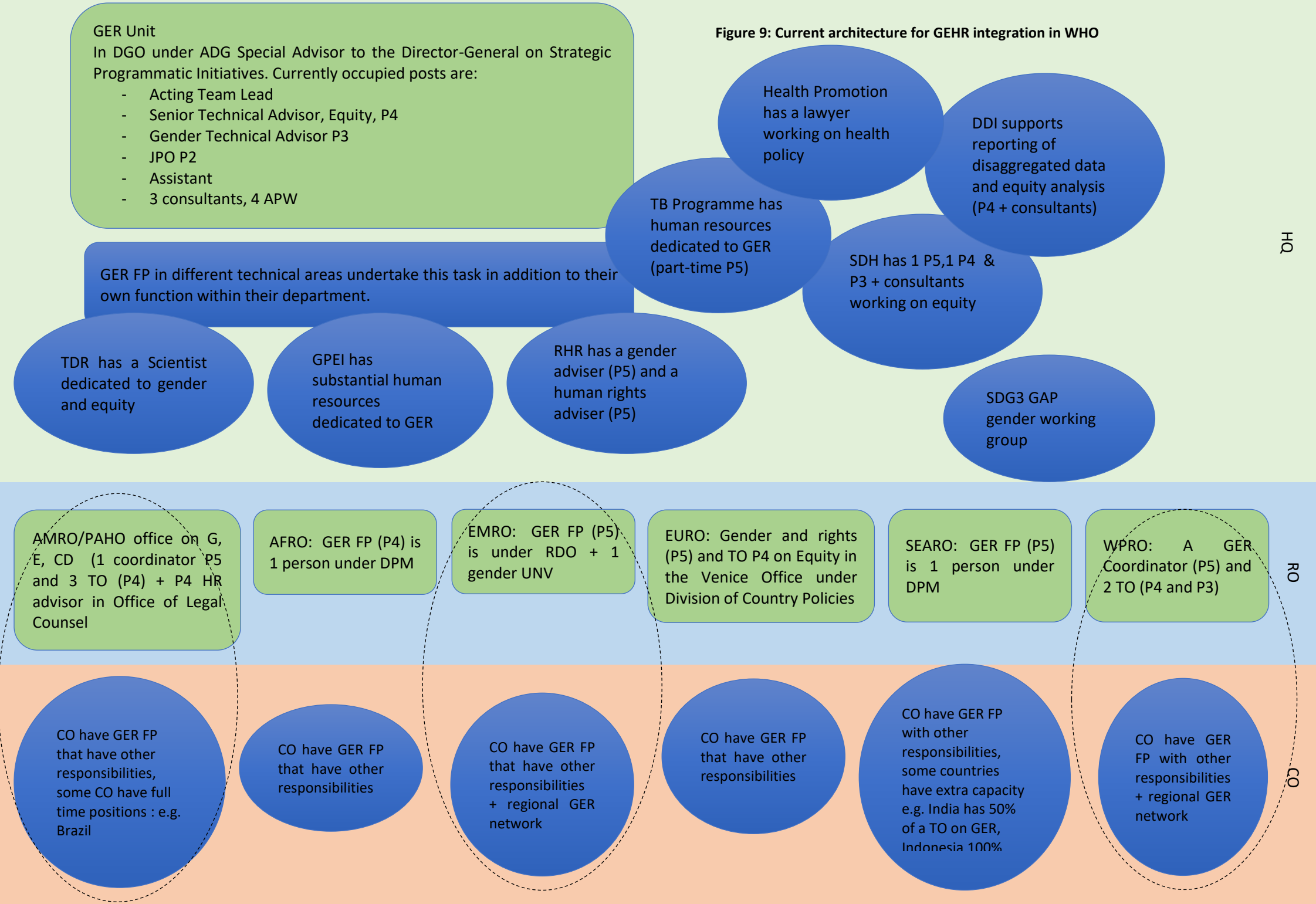
109. EURO has adopted a mainstreamed approach relying on gender, equity and human rights capacity within the different programmes. However as noted previously the dismantling of the core unit working on Gender and Human Rights, with the Programme manager (P5) moving to the Venice Office, (WHO/Europe's centre of excellence on health equity, SDH and investment for health), and the abolishment of the Technical Officer (P4) post on human rights may pose a risk in terms of the Regional Office's ability to provide consistent technical backstopping and strategic leadership to the country offices in the region. This is especially the case in a context where country offices do not typically have large staffing structures where they can afford to dedicate extra time to gender, equity and human rights integration.

110. In SEARO, a full-time P5 position focussing on gender mainstreaming is in place under the office of the Director, Programme Management, since 2020. There is also a Regional Advisor for social determinants of health (P5). One country office has a full-time NPO working on gender, equity and human rights and another is in the process of recruiting a similar position.

111. In WPRO there is a GER Coordinator supported by two technical officers and a strong strategic direction on gender integration outlined in the five-year strategy. There is also an active network of GER Focal Points in country offices.

112. In general, there is a move to locate the GER Focal Point position under the DPM in the different regions to ensure a sufficient level of oversight of all programme areas.

Figure 9: Current architecture for GEHR integration in WHO

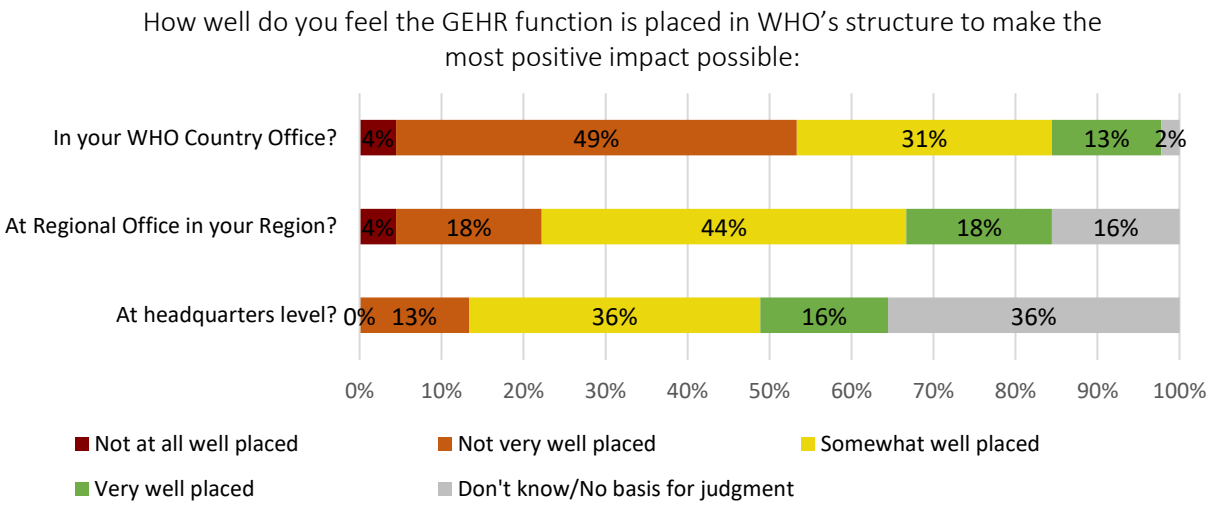


Fitness of the current gender, equity and rights architecture to support the integration of these dimensions

Overall gender, equity and human rights architecture in the Organization

113. Internal and external respondents have highlighted the **importance for the gender, equity and human rights architecture to reach beyond the central unit to drive the agenda throughout the organizational structure.** There does not appear to be a clear structure in place across the Organization, with strong regional disparities and lack of clear roles and responsibilities at country level, although again the situation is highly variable from country to country. 53% of the survey respondents felt that the GER focal point position was not well placed at Country Office level to make the most positive impact possible. Regional and HQ levels architecture was perceived better, although notably 36% of respondents had no opinion on the HQ situation.

Figure 10: Placement of the GER function at the three levels



114. In order to strengthen the gender, equity and human rights architecture, the following elements have been identified in this evaluation:
    - Within HQ, there is need for formally identifying focal persons in the different programme streams constituted by experts that are tasked with the practical integration of gender, equity and human rights in their fields, with at least a significant portion of their time earmarked for this function. These programme focal point functions have been disrupted in recent years following the Transformation, and have not been re-appointed in the new structure.
    - There is a need to have fully dedicated gender, equity and human rights capacity at regional level to support integration of gender, equity and human rights and able to cater for the different strands of gender, equity and human rights, as well as play a coordination role.
    - At country office level, there is also a need for formally identified focal persons with at least a significant portion of their time earmarked for this function.

115. Gender, equity and human rights architecture goes beyond having focal points in place to **ensure the responsibility of managers and directors at all levels for integrating these dimensions into the work of the Organization.**
    - Currently, managers' performance tracking tools, the ePMDS, include a statement on gender parity responsibilities in recruitment. These responsibilities could be extended to

include a portion of time allocated to oversee/coordinate integration in programmatic and technical work, in line with the identified good practice to ensure that directors and senior management at all levels are sensitized and accountable for the integration of gender, equity and human rights within their area of responsibility[136].

– The mid-term review of gender mainstreaming in WHO (2016) recommended strengthening WHO's gender architecture through the establishment of a cross-cluster Gender Mainstreaming Committee consisting of six or seven Directors with the overall responsibility of implementing the WHO Gender Strategy and joint planning for gender across WHO. A similar mechanism could be envisaged to support coordination between programmes, and ensure that any guidance to countries on gender, equity and human rights arrives at the Country Offices in a streamlined manner, avoiding duplications and silos.

GER Unit

116. Internal and external respondents as well as current literature highlight the need for a strong central unit to drive the integration of gender, equity and human rights [137].

117. In order to determine the best organizational fit for the central GER Unit, **clarity is needed on the functions it is expected to perform**. The expectations of the GER Unit gathered through this evaluation were that: it should be a coordination mechanism across programmes to support gender, equity and human rights integration; it should play a strategic function; its core mandate should include support to the critical area of capacity assessment and development; it should produce guidance and synthesize good practice to support organizational learning; it should work alongside other corporate functions to ensure that human and financial resources are planned and tracked; it should be an internal advocate for gender, equity and rights; and it should guide the Organization's external positioning and communication on these issues. HQ programmes respondents also highlighted that the GER Unit should not be a substitute for internal capacity in the different technical areas or provide direct technical support to countries but fulfil a support and guidance role in response to the needs of the different WHO departments.

118. **Elevating the GER Unit in the Director-General's Office (DGO) following the Transformation has given more prominence** to the need for all departments to take into account gender, equity and human rights as part of their work. WHO HQ respondents indicated that placing the Unit in DGO has facilitated the inclusion of the dimension on GER integration in the OSC and has given a direct line to the GER Unit to support streamlined organizational communication on gender, equity and human rights at the highest level.

119. **However, in the context of the leadership gap at the GER Unit level and delays in recruiting approved positions (paragraph 130), the move to DGO has, in the view of some stakeholders, exacerbated the issue of lack of communication and coordination channels between the GER Unit and the technical departments,** which hampers the Unit's ability to meaningfully contribute to mainstreaming gender, equity and human rights across programmes. This was mentioned by several WHO HQ respondents; for example a respondent mentioned that *"being isolated in DGO, the GER Unit is cut off from the information flows in programmes."* In addition, the DGO having been busy with COVID-19-related emergency response has been described as too high level to provide effective leadership to the GER Unit, contributing to delays in taking

[136] What works in gender and health, 2019, https://i.unu.edu/media/iigh.unu.edu/news/6852/UNU-IIGH_Final-Meeting-Report_What-works-in-Gender-and-Health.pdf , accessed 02 July 2021.

[137] See for example the UNU-IIGH report 'What works in gender and health', 2019 https://i.unu.edu/media/iigh.unu.edu/news/6852/UNU-IIGH_Final-Meeting-Report_What-works-in-Gender-and-Health.pdf , accessed 02 July 2021.

decisions. Different alternatives to the current placement have been proposed, such as placing the GER Unit under the DDG and maintaining a spokesperson in DGO to ensure that gender, equity and rights concerns remain at the top of the priority list in the Organization's leadership communication. Many respondents including from Regional Offices commented that the issue of the placement of the GER Unit was less crucial than ensuring that the Unit has a structured communication and accountability line to programmes and a stable institutional position.

3.2 To what extent have various corners of the Organization worked together in a linked-up, complementary and coherent manner at the three levels in this area?

120. Survey respondents highlighted the areas of collaboration (working together on gender, equity and human rights-related initiatives) and coordination (having clearly defined roles and responsibilities and accountability lines) as major areas of concern: 54% considered that different corners of the Organization have not collaborated effectively, and 62% that the three levels have not coordinated effectively on gender, equity and human rights integration in recent years.

121. There are successful examples of collaboration on gender, equity and human rights integration across the Organization and joint initiatives between programmes for example between HRP and TDR, and sharing of experiences horizontally among regions, for example between WPRO and SEARO. However these **collaborations have been reactive, responding to emerging needs in the absence of strategic direction and coordination mechanism.** Informants have often referred to the importance of informal collaborations and personal relationships in order to conduct joint working on gender, equity and human rights. Collaboration between the GER Unit and DDI has benefited from a clear delineation of roles; links could be strengthened with the PHC Programme; and respective roles and cooperation mechanisms should be more clearly spelt out with SDH to ensure that these areas work effectively together. AMRO/PAHO's work on cultural diversity and ethnicity could also be linked up better to inform the central direction on these key aspects that are very much in scope for the GER Unit.

122. **HQ, regional and WCO respondents highlighted that silos exist between technical programme areas, hampering the effective sharing of gender, equity and human rights technical resources and resulting in difficulties working within and across departments for GER focal persons**. Coordination mechanisms for resource sharing would help maximize the use of resources that are currently sitting in specific programmes or offices, and use them across different programmes at the three levels. This is especially true given that no GER focal person can be an expert in the three areas and that resources are limited in the recruitment of experts in the three dimensions at each level.

123. **There is at times a disjointed approach between the three areas of gender, equity and human rights leading to inefficiencies and confusion at country level.** The fact that these are three distinct, although related areas of work, can be a complex situation to manage for the GER country focal persons in the absence of a well-articulated framework. Similarly, the coordination with SDH Department could be improved to deliver streamlined guidance to countries. Where different streams of work exist in parallel, the Country Offices may be over burdened by the asks of the different areas and end up prioritising only one of the dimensions, or failing to integrate gender, equity and human rights across the different programmes in a holistic manner.

124. In terms of coordination, a **Global GER network** where all regions are represented through their focal persons is currently active and meets regularly to share information, but the evaluation

could not find evidence of specific terms of reference or workplan guiding the work of this group.

3.3 How adequate and predictable have resources been in relation to the task at hand, particularly in comparison with other similar UN system entities?

Financial resources

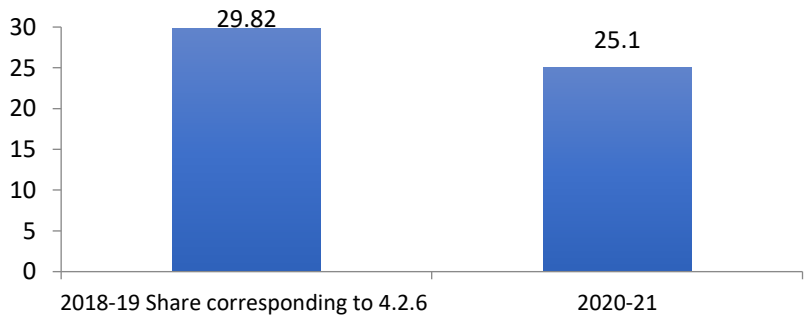
125. As noted in Evaluation Question 1, the absence of an Organization-wide strategy and result framework on gender, equity and human rights has hindered the leveraging and allocation of financial resources, since it is difficult to mobilize additional funds when what is to be achieved is unclear in the first place. In spite of this, internal and external respondents have noted the key role played by a group of WHO donors in promoting heightened attention to the areas of gender, equity and rights in WHO in recent years, creating a conducive environment for WHO to make a step change in progressing this area of work.

Financing for gender, equity and human rights integration work in WHO

126. Lack of financial tracking of gender-dedicated resources highlighted in the UN SWAP report also applies to equity and human rights, along with the lack of clear financial targets. Tagging all gender-, equity-, human rights- and disability-related expenses across departments may be a complex task given that those are often mainstreamed in the programmes. However, WHO does not seem to have a simple way of setting financial targets and tracking gender, equity and human rights specific resources. A HQ respondent remarked that many activities that relate to Output 4.2.6 never get reported.

127. Trend analysis of funding allocation to the Output 4.2.6 in the Programme Budgets reveals that this area has received less funding since 2018:

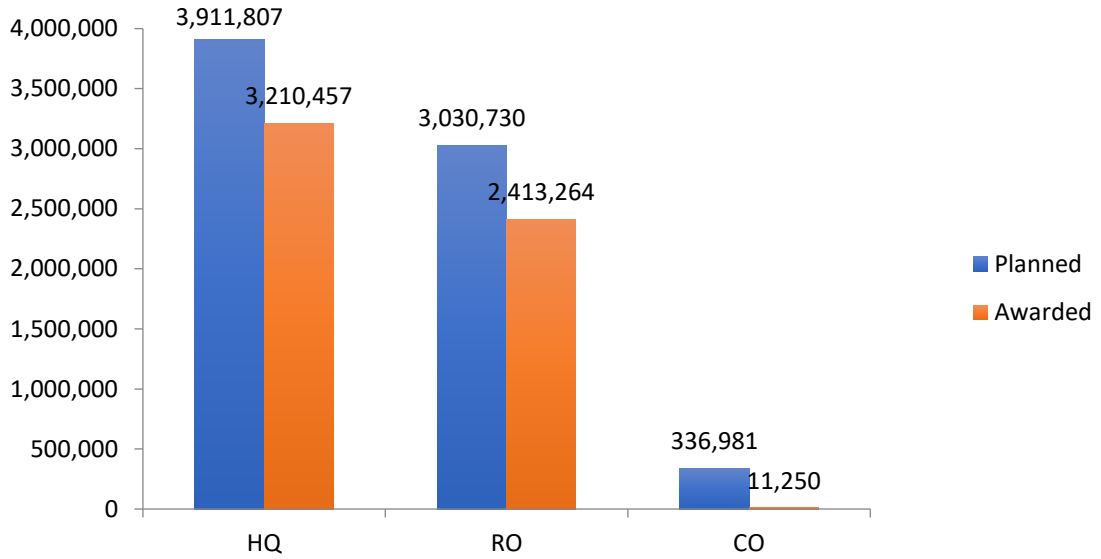
Figure 11: Funds allocated to 4.2.6 (in USD Millions) between 2018-19 and 2020-21 (Programme Budget data)



128. **Survey respondents and country office interviewees have highlighted the lack of funding available at country level to run gender, equity and human rights-related activities as a major bottleneck to integration**, being the first internal barrier (45% of respondents). WCO focal persons considered that they needed additional funds to be allocated to this area of work in order to progress the gender, equity and human rights agendas (74% of respondents) and that funding levels were inadequate to support effective integration (80% of respondents). Country Office interview respondents mentioned that activities have taken place when project funding was available, often supported by hiring consultants. Whilst the GSM extracted data on Output 4.2.6 does not provide a comprehensive picture of funds available to country offices to cover gender, equity and human rights-related work, it does seem to indicate that funds do not trickle

down to the country level for Output 4.2.6 '"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored.' The Canadian grant of 6.5 million dollars in relation to gender, equity and human rights in the COVID-19 response in 2021, most of which is directed to country level activities, is not included in the data extracted from the GSM presented below in Figure 12.

Figure 12: Output 4.2.6 in GSM 2020-21 (in USD) by HQ/RO/WCO



GER architecture resourcing

129. There has been an increase in voluntary contributions for the GER Unit in the Programme Budget 2020-21 in relation to the integration of gender, equity and human rights in the COVID 19 response (Figure 12), although data retrieved from the GSM does not feature the Canada grants that amount to 1,5 million Euros in 2021. Whilst there is increasing funding dedicated to the GER Unit by donors, reflecting the heightened demands put on the GER Unit, voluntary contributions appear to displace assessed contributions. This can be explained by the budget ceiling set in the programme budget, which seems to have essentially remained the same since the previous biennium (Figure 13). However, the reduction in assessed contributions dedicated to the GER Unit still poses the question of the sustainability of the Organization's commitment to this area of work. Consistency and continuity of gender, equity and human rights-related work in WHO requires institutionalizing the GER Unit function as part of the core business of the Organization and for it to benefit from a stable funding base, not dependent on the priorities of WHO donors. The need for institutionalising the function and sustaining it through assessed contributions also holds true in terms of the GER architecture at regional and country office levels.

Figure 13: Split of Award budget by flexible funds and voluntary contribution for GER Unit 2018-19 and 2020-21 (in USD)

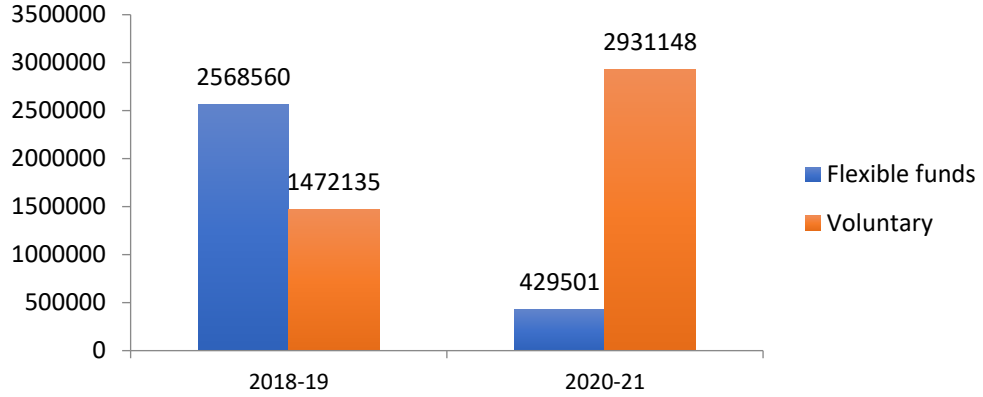
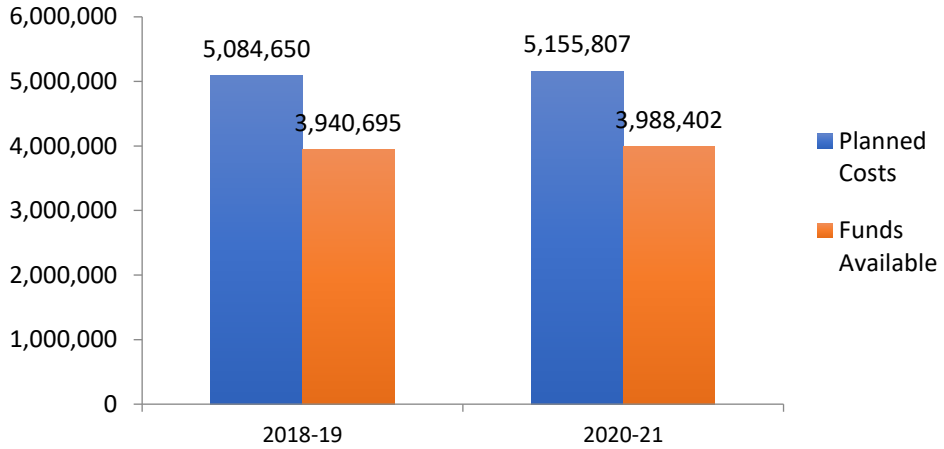


Figure 14: Allocation of planned costs and funds available to GER Unit 2018-19 and 2020-21 (in USD)



Human resources allocation

GER Unit human resources situation

130. **Internal and external respondents have unanimously commented that the GER Unit is highly understaffed**, with only three fixed term technical positions provided for, one for each of the three technical area. This is clearly insufficient to cover the range of tasks that the GER Unit is expected to fulfil to support internal and external integration. Many respondents have pointed out this discrepancy, stating that the GER Unit was "*set up for failure*". It also compares unfavourably with other organizations' staff structure such as UNFPA and UNICEF to support this area, especially in terms of the gender component (see Table 2 below).

Table 2: Comparative analysis with selected UN agencies and international partners

Agency	Policy and Strategy Framework	Accountability	GER architecture	Resources for gender, equity and human rights	Gender, equity and human rights integration in corporate functions	Gender, equity and human rights integration in programmes
UNFPA	The HRBA and gender framework are guided by A comprehensive package on HRBA and a revised Gender Strategy (2018-21)	Accountability is strongest on gender with a dedicated results framework	The gender and rights architecture in UNFPA has been effective, the Gender and Human Rights Branch is located in the technical division	On gender, UNFPA has a Team headed by a D1 including a Gender Advisor, an Advisor on GBV, a Human Rights Advisor, and an Advisor on Harmful Practices (FGM) + P5 staff. There are fewer human resources in HRBA, only one Advisor in HQ	Human Resources drives the EDI agenda in collaboration with the Gender and Human Rights Branch. UNFPA has EDGE certification.	Gender evaluation shows strong evidence of impact on GEWE
GF	GF is looking at equity implications for its work in the context of the UHC agenda. Its work is guided by a Gender Policy Brief and a Value for money brief which includes a dimension on equity	There is a CCM hub on community engagement. GF commissioned a team to do an assessment of indicators to draw trend analysis and see where inequities are growing	The GF has adopted a mainstreamed approach, integrating gender and human rights at regional level and in the granting process	In terms of human rights aspects a team is working on the Breaking Down Barriers initiative	GF counts with a new SEAH policy, and has an Equity, Diversity and Inclusion team	The Strategic Gender Initiatives: 15 Million dollars for grants on community engagement
WB	WB does not have a mandate on human rights. Two strategies: the Citizen Engagement Framework and the Gender Strategy (2016-23)	The environmental and social framework (ESF) has enhanced the WB's accountability and focus on marginalized groups	WB has a matrix structure (regions x Global Practices). There are GER positions based in Social Sustainability and Inclusion, Health and Social Protection Global Practices	WB has a full time position on Gender and Focal Points in the Global Practices and in the regions and staff dedicated to ESF compliance	Hiring policy has a strong focus on diversity and inclusion. There are Task forces on anti-racism.	WB established the Human Rights and Development Trust Fund, a large umbrella strategic programme with earmarked money for human rights work
UNHCR	Age, Gender and Diversity Policy + updated Global Public Health Strategy to include a specific objective on equity including gender	Gender, equity and human rights principles are part of the annual participatory assessments with the communities	Gender Equality Unit is part of the Division of International Protection	Strong human rights capacity (as a protection agency UNHCR has human rights legal expertise) + One Gender expert	UNHCR's People's strategy (2016-2021) commits the Organization to promoting a culture of inclusion, beyond gender to different dimensions of diversity	UNHCR has produced many resources on HRBA in humanitarian settings in recent years
UNICEF	UNICEF has a Gender Strategy (2018-21). The HRBA framework is not as developed currently.	There are organizational standardized indicators on Gender and HRBA	There are separate Gender and Human Rights Units	Human Rights has a P4 lead, within a three person team in HQ. Gender has a D1, Regional Advisors and Advisors in some COs	Gender parity is part of the internal accountability framework. A diversity and inclusion Task Force works on non-discrimination. There is a comprehensive training programme on gender, and a mandatory training on human rights	Strong gender mainstreaming approach in programmes (GBV, child marriage, girls education etc)

131. **Furthermore, the GER Unit's work has been hindered by administrative bottlenecks and lacked leadership support since 2019**. Many positions that have been approved in the 2019 ARC organigram have not been activated, leaving the Unit with one single operational fixed term technical position. Administrative processes have hampered timely recruitments, and there has been a gap in terms of the Unit's leadership position in the past two years. Work over-load of staff has contributed to the high turnover in the team and reliance on consultants or APW to fulfil key functions. At the same time, the team has had to deal with an increased workload, from managing the output scorecard process (integration of one dimension on impactful integration of gender, equity and human rights) to giving support to the integration of gender, equity and human rights in the COVID-19 response in addition to its core tasks. While many respondents from technical departments have appreciated the input of the GER Unit, they also recognized that the Unit was too under-resourced to provide the required technical backstopping to meet their needs.

132. **It is unclear how the Unit in its current configuration might be expected to fulfil upcoming commitments,** such as supporting the capacity building efforts in the Academy as it ramps up its gender, equity and human rights training programme; leading on the development of a new Organization-wide gender, equity and human rights strategy; managing COVID-19-related funding in the coming one year (Canada in particular has granted WHO funding on COVID-19 of which 6.5 million should be dedicated to mainstreaming gender and rights, including 1.5 million for HQ, the rest to the Regional Offices); supporting the on-going development and implementation of the OHCHR cooperation framework joint workplan which has stalled in the past two years. As noted above, this was a key recommendation from the 2018 MOPAN evaluation that was taken on board in the Management response.

133. The fact that key resources gaps and administrative issues for the GER Unit have not been addressed for the past two years have led internal and external respondents from civil society organizations and UN partners to question the organizational commitment to the integration of gender, equity and human rights beyond *"window dressing"* and including it as a discourse element.

Human resources for gender, equity and human rights integration at HQ

134. **Most GER focal persons in programmes interviewed mentioned that this was an added responsibility to their full-time job.** The fact that programme focal points are expected to undertake gender, equity and human rights integration on top of their existing duties points to the lack of resources dedicated to this area of work. Most of these roles were not formalized, and relied on the 'personal interest' of the focal person to undertake this work. The 2020 UN SWAP report noted that designated focal persons position descriptions and performance management tools (ePMDS) did not allocate specific time to gender, equity and human rights-related duties, which makes it difficult for the focal persons to justify to their managers dedicating time to working on integrating these issues in their department rather than on their other main technical areas of work. The report also noted that the Human Resources Department did not have a formal GER focal person.

135. Beyond the GER focal point positions, **there are dedicated human resources with specific areas of expertise to support gender, equity or human rights in different corners of the Organization**:
    - Equity appeared to be better resourced, with one fixed term senior staff in the GER unit, and other full-time positions in DDI and SDH to draw on. There are also a Technical Officer Evidence and Policy Analysis (P4) and a Programme Manager/Officer Mainstreaming (P4) positions currently vacant in the GER Unit. Given the centrality of 'leaving no-one behind' in the overall organizational strategy, the human resources structure could be rethought to

better align with organizational commitments. Specific expertise may be needed to support emerging areas in the Organization's work in equity, such as disability, rural poverty, cultural diversity and ethnicity, and LGBTIQ+ rights.

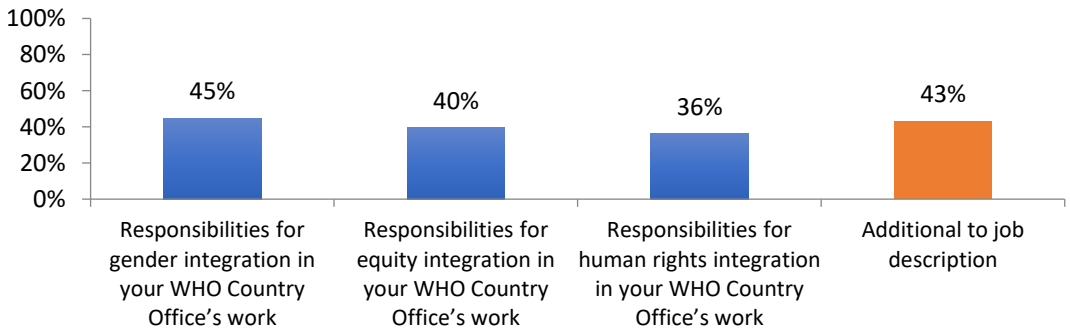
- On gender, there are well-established experts in various corners of the Organization at the three levels of the Organization, especially in the SRHR and GBV programmatic areas. In the GER Unit, there are a Senior Gender Adviser (P5) and a Gender Technical Officer (P4) positions that are currently vacant and on-loan respectively, which means the posts functions are not covered, and a Gender Technical Officer (P3) whose contract expires in July 2021. One issue specific to gender is that it is sometimes expected that staff with no formal training and experience in gender mainstreaming may take on gender-related responsibilities. While it is clear that human rights legal issues or statistical data analysis require specific skills, one respondent noted that *"it sometimes seems like everybody is expected to be able to do gender work without formal training".*
- Human rights is currently being supported by one consultant human rights advisor in the GER Unit, one fixed term human rights lawyer in HQ placed in the RMNCAH department, one P5 fixed term position in SRHR, and one specialist lawyer in AMRO/PAHO Office of the Legal Counsel. The use of the human rights resources is also sub-optimal as they are scattered around the Organization with few connections across programmes and regions.

Human resources for gender, equity and human rights integration at regional and country levels

136. Regional offices such as AFRO and SEARO lack sufficient human resources to effectively support the integration of gender, equity and human rights in WCO in their regions, especially given the increasing demands in these areas from Member States. As noted above in section 3.1, there seems to be a lack of human resources for gender, equity and human rights work at regional and country levels with harmonized roles and clear coordination mechanisms to allow sharing resources more effectively. On the other hand, the AMRO/PAHO office stands out by the level of investment it has made in its gender, equity, cultural diversity and human rights staffing structure, both at regional and country levels (see Figure 9).

137. According to the WCO GER focal persons survey results, on average GER focal points dedicated 25% of their time to their gender, equity and human rights-related tasks, which is in line with the UN SWAP criteria. However, there was a great variability among Country offices, with a median of 10% and a 0-100% range. 43% of respondents did not have any mention of their responsibilities as GER focal persons in their position description, and among those who did, 47% had responsibilities in all three areas. Overall 67% of respondents considered that human resources were not adequate to support gender, equity and human rights integration in their Country Office's work.

Figure 15: WCO GER FP position descriptions mentioning responsibilities for gender, equity and human rights



138. A key theme in WCO GER focal points' recommendations related to 'dedicating trained human resources at country level to lead gender, equity and human rights integration' in order for this work to be translated to meaningful changes in country. For example, one respondent stated that: *"Gender, equity and human rights is an important issue that requires specialist attention for any changes or impact to occur. So to move this key issue forward, provide human resources support with someone with specialist background in this area or provide further training/capacity strengthening and support to staff on the ground who are allocated this programme in additional to their other responsibilities."* Another survey respondent commented that *"There is a need to have a separate focal point as " Gender, equity and human rights and social determinants" as I have observed that many focal points taking up gender, equity and human rights in addition to many other responsibilities."*

139. Some interview respondents from WHO HQ also suggested the option of dedicating full time human resources to gender, equity and human rights in bigger country offices with the task of supporting other country offices' work on integration in their region.

3.4 How successfully has WHO partnered with other actors at all three levels to achieve results?

At global level

140. External respondents from UN organizations commented that WHO's role on gender, equity and human rights issues in global health partnerships had been hampered in the recent years by the lack of resources and leadership for the GER Unit to consistently engage in partnership initiatives. For example, the 2017 OHCHR cooperation framework has resulted in the establishment of a joint workplan in 2019; however the follow up of this effort in subsequent years has been hampered by lack adequate of human resources and assigned focal persons in both WHO HQ and OHCHR. Despite aforementioned challenges, the GER Team was able to engage on joint UN initiatives in recent years, leading and co-leading initiatives on operationalizing the Leaving No One Behind agenda: in relation to racial and ethnicity-based discrimination by piloting a training in WCOs, and in relation to rural inequalities by instigating the creation of a rural poverty subgroup of the Inequalities Task Team.

141. **Different corners of the Organization have continued to progress partnership work on gender, equity and human rights:**
    - There is a TDR/HRP collaboration to strengthen the integration of gender equality and human rights into WHO's research processes, including through joint dissemination of tools and capacity building of research partners.
    - In the SDG 3 Global Action Plan (GAP) coalition, WHO co-leads the Gender Equality working group with UN Women, bringing together gender leads from different agencies to integrate gender as a cross-cutting issue in all accelerators, and participates in developing guidance on COVID-19 and gender. According to the SDG3 Global Action Plan (GAP) Joint Evaluability Assessment[138] and civil society and WHO HQ respondents, this group had not yet yielded concrete contributions at the time.
    - An important stream of work has related to the Beijing + 25 anniversary, such as contributing to the British Medical Journal special series on "Women's Health and Gender Inequalities" together with the Human Reproduction Programme (HRP) and the United Nations University International Institute for Global Health (UNU-IIGH) and by

[138]https://cdn.who.int/media/docs/default-source/global-action-plan/joint-evaluability-assessment-of-the-sdg3-global-action-plan---report.pdf?sfvrsn=27b74ac4_4 , accessed 02 July 2021.

leading the Action Coalition on Gender-based violence ahead of the Generation Equality Forum in Paris to recommit to the Beijing Platform for Action[139].

- Joint-analysis and knowledge pieces were developed, such as participating in the elaboration of the COVID-19, Inequalities and Building Back Better policy brief within the UN High-Level Committee on Programmes Inequalities Task Team. [140]
- In the UN Network on Racial Discrimination and Protection of Minorities[141], WHO leads the Racial Discrimination and Protection of Minorities in SDGs and leaving no-one behind workstream. Planned actions for 2021-23 include: to convene an online training workshop for UNCT technical staff on racial discriminations and the protection of minorities; engaging with the implementation of UN Country Frameworks in selected countries; developing a module on minority inclusion and tackling racial discrimination and related forms of intolerance into the standard HRBA training package; and establishing an evidence base on racism and discriminations.
- As part of the UNSDG Task Team on Leave No One Behind, Human Rights and the Normative Agenda, WHO has collaborated on a number of products. For example, by co-leading the Frontier Dialogue on addressing structural racial and ethnicity-based discrimination through COVID-19 Recovery Plans together with UNESCO,[142] by contributing to the updated version of the UNSDG Leave No One Behind Operational Guide[143] which is pending publication, and by leading on the development of a module on human rights-based approaches to COVID-19 and other health emergencies within the updated version of the UN Inter-agency Common Learning Package on Human Rights-based Approach to Programming.[144] Additionally, WHO and AMRO/PAHO collaborated within the IANWGE on the development of the Minimum Requirements Checklist for integrating Gender Equality in the implementation of the UN Framework for the socio-economic response to COVID-19[145].

Partnerships with Civil Society

142. **There has been an increased emphasis on engaging in dialogue and eliciting participation of civil society**. The WHO website[146] states that *"Participatory governance entails bringing in the voice of end users of health services as well as the general population - in essence, all those affected by health reforms. There are a variety of mechanisms for fostering dialogue which not only empower people but also help to hold governments accountable for their commitments. WHO provides technical support to countries in this area of work."* For example, WHO issued guidance on civil society engagement in UHC[147].

143. **Civil society organizations come with expertise in different thematic areas related to gender, equity and rights in relation to health, which WHO can tap into**, for example using shadow

[139] Generation Equality Forum Draft Actions, March 2021 https://forum.generationequality.org/sites/default/files/2021-03/Generation%20Equality.Draft%20Actions.8%20March%202020%20-%20VF.pdf , accessed 02 July 2021.
[140] COVID-19, Inequalities and Building Back Better Policy Brief, 2020 http://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/10/HLCP-policy-brief-on-COVID-19-inequalities-and-building-back-better-1.pdf , accessed 02 July 2021.
[141] https://www.ohchr.org/EN/Issues/Minorities/Pages/UNNetworkRacialDiscriminationProtectionMinorities.aspx, accessed 02 July 2021.
[142] https://events.unesco.org/event?id=1130069355&lang=1033, accessed 02 July 2021.
[143] Leaving No One Behind: A UNSDG Operational Guide for UN Country Teams, UNSDG, 2019 https://unsdg.un.org/download/454/685 , accessed 02 July 2021.
[144] UN Inter-agency Common Learning Package on Human Rights-based Approach to Programming UNSDG 2017 https://unsdg.un.org/resources/un-inter-agency-common-learning-package-human-rights-based-approach-programming accessed 02 July 2021.
[145] https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/ianwge-minimum-requirements-checklist-for-integrating-gender-equality-in-covid-19-response-en.pdf?la=en&vs=2913 accessed 02 July 2021.
[146] https://www.who.int/activities/promoting-participatory-governance-social-participation-and-accountability, accessed 02 July 2021.
[147] Voice, Agency, empowerment handbook on social participation for UHC, 2021, https://cdn.who.int/media/docs/default-source/hgf/9789240027794.pdf?sfvrsn=ede874ae_7&download=true, accessed 02 July 2021.

reports by the NCD Alliance[148] to provide an independent review of government produced health-related data on NCDs. The GER Unit/WHO recently signed an MoU with Women in Global Health, working with Health Workforce team on the Gender Equal Health and Care Workforce Initiative,[149] that addresses issues of gender equality in the healthcare workforce in the context of the COVID-19 response. Women in Global Health also authored the report Delivered by women, led by men,[150] on the state of gender inequalities in the health workforce. The current administration has put more emphasis on this area, with the DG engaging in Civil Society Dialogues, covering equity- and rights-related topics such as social participation and accountability in health following the COVID-19. One strong recommendation emerging from this Dialogue has been to extend the initial series of Covid-19-related dialogue sessions to a permanent dialogue platform with civil society actors[151]. Some programmatic areas have been more active on the promotion of civil society participation; for example the HIV Department has a long-standing history of involving people living with HIV and from key populations in their work. The Consolidated guideline on sexual and reproductive health and rights of women living with HIV (2017)[152] was developed with the participation of representatives from women living with HIV, academic and civil society experts and advocacy organizations as part of the External Review Group.

144. **Promoting civil society and vulnerable groups participation forms part of implementing a rights-based approach to health.** Engagement with non-State actors is encouraged as part of the Country Cooperation Strategy development process. The Liberia CCS (2018-2021) states *"Consultations were also conducted with representatives from socially excluded or disadvantaged subpopulations, and national bodies concerned with human rights. These consultations contributed to ensuring broad support and synergies with partners throughout the CCS process."* Some Country Offices have developed strategies to engage civil society as well as vulnerable groups membership networks in advocacy dialogues at country level. This area remains however extremely variable and still marginal in WHO, with bottlenecks at country level where Member States are not receptive to civil society scrutiny on issues of gender and human rights.

145. **In addition to having a value in its own right, respondents from academic institutions and civil society highlighted that engaging in meaningful dialogues and partnerships with civil society organizations can be a cost-effective way for WHO to mobilize external expertise** rather than trying to build gender, equity and human rights capacity integrally in-house. One respondent for example commented that "*Civil society and other academic experts on gender are itching to support WHO… So we want to offer an external advisory group that would come in and assist to help drive the change on gender in the Organization."* The areas of gender and equity and human rights in relation to health are fast moving fields, with constantly emerging new concepts and issues. In order for WHO's input on these issues to remain relevant, there is a need to keep abreast of the diversity of views and emerging approaches and themes through engagement with academia, communities and activists.

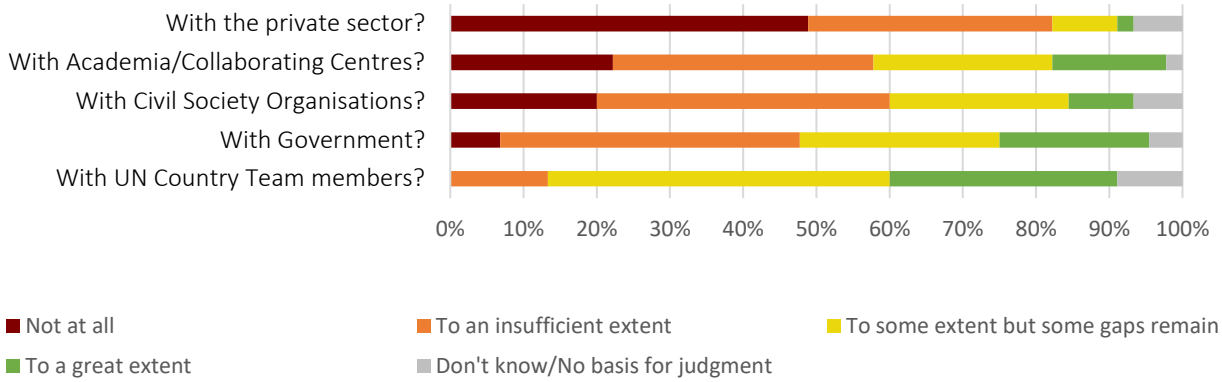
Partnerships at country level

146. **Collaborations at country level mostly involve other UN agencies** (78% of participants consider that WHO has engaged in partnerships with UN agencies to some or a great extent). In some

[148] Civil Society status reports https://ncdalliance.org/what-we-do/global-accountability/civil-society-status-reports, , accessed 02 July 2021.
[149] https://www.who.int/initiatives/beijing25/gender-equal-health-and-care-workforce-initiative, accessed 02 July 2021.
[150] https://apps.who.int/iris/handle/10665/311322, , accessed 02 July 2021.
[151] Input paper: Social participation and accountability within and beyond Covid-19 https://drive.google.com/file/d/1QiuX0zUJs6qksoknLn-KPQsm22apPtu8/view, accessed 02 July 2021.
[152] https://www.who.int/reproductivehealth/publications/gender_rights/Ex-Summ-srhr-women-hiv/en/ , accessed 02 July 2021.

countries, the CCS are subsumed into the UN common country analysis/cooperation frameworks, in order to better streamline the contribution of the different agencies. In Country Office interviews, UN Women was often cited as the key partner on VAWG/GBV and gender-related work.

Figure 16: To what extent has WHO has engaged in partnerships or joint initiatives in countries to promote gender, equity and human rights



147. Types of partnerships in country reported by WCO GER Focal Points include partnerships with UN agencies on SRH, RMNCAH and GBV programmes; participating in UN country coordination mechanisms and platforms: Gender theme group, UNCT/UNDAF, humanitarian clusters; and partnerships with academia and professional organizations.

Box 11: Types of gender, equity and human rights-related partnership that WCO engage in

WHO's WCO partnerships	Examples
Partnerships with UN agencies on SRH, MNH and GBV programmes;	– Joint proposal submitted and resources mobilized by WHO with UNICEF, UNFPA and UN women for MPTF through UNCT to Strengthen health sector response and capacity building of frontline healthcare professionals on providing gender responsive and age sensitive response to women and girl survivors of violence, including SGBV – Jointly worked with UNFPA to finalize and submit the guideline 'Strengthened Health Sectors response to Gender Based Violence' to the ministry of health and family welfare – WCO engaged with the UN (OHCHR, UNFPA & WHO) on the country analysis of right-based approach to MNH programmes assessment in 2020, which the report was used to inform the health sector strategic plan (2020-2025)
Participating in UN country coordination mechanisms and platforms: Gender theme group, UNCT/UNDAF, humanitarian clusters	– WHO is an active member of the UN country team, contributing on gender mainstreaming as it relates to health sector response to developmental challenges – With UN Country Team, WHO undertook work with OHCHR to identify right to health indicators and with UNFPA to implement a course on the right to health. – Participation in the United Nations Interagency Thematic Group on Gender, Race, and Ethnicity (IATG) with their designated gender focal point
Partnership with academia and professional organizations	– Facilitated and supported development of standard treatment protocol and documentation of pregnancy outcome among pregnant women with COVID-19 infection in 20 hospitals through network of 4 WHO collaborative centres. This resulted in landmark data of over 3000 pregnant women, the largest of its kind in the country. – With academic partners, WHO has undertaken research initiatives and implemented a course on the right to health (jointly with UNFPA).

Partnership with civil society	– Engagement with civil society groups on UHC (HIV network, LGBTIQ community, women groups. – With civil society organizations, WHO has worked closely in undertaking advocacy for the right to health - including around barriers to accessing health care; attacks against health care workers; gaps in provision/availability of services; and underlying determinants of health/health inequities

EQ4: What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

4.1 What are the main internal and external factors that have affected the Organization's ability to integrate gender, equity and human rights in its work?

148. Facilitating factors identified through this evaluation relate to internal processes and assets, whether they are intrinsic to WHO (relating to its expertise and convening power for example) or circumstantial (such as the current leadership's engagement to progress the gender, equity and rights agendas, and the new initiatives as part of the Transformation to progress diversity and inclusion in the workplace). External facilitating factors are concerned with the incentives for WHO to address gender, equity and rights coming from a group of contributors as well as the direction taken by the UN sector at large on these topics. Because facilitating factors are opportunities to progress the integration of gender, equity and human rights in the work of WHO, they are detailed in the next section (4.2 What are the opportunities in terms of gender, equity and human rights integration?). In terms of hindering factors, we can also distinguish internal and external elements.

Internal factors

149. There have been long-standing roadblocks to the integration of gender, equity and human rights in WHO historically, some of which have been exacerbated in the recent years. Internal hindering factors have been identified through the interviews and WCO GER Focal Points survey as follows:

150. A first area relates to WHO's culture and ways of working:
    - There are **inconsistent levels of awareness and attention paid to gender, equity and human rights by senior management at all levels**, leading to a lack of prioritization of these dimensions. Gender, equity and human rights are still often perceived as a 'nice to have', or as theoretical concepts detached from the technical core work of the Organization. This has been noted by WHO as well as UN and civil society respondents: "*Not enough people understand that in order to achieve their goal they need to factor in the specific needs of all genders especially women."* This is exemplified by the fact that the COVID-19-related efforts have not integrated these dimensions from the on-set, although efforts have subsequently been made to address gender, equity and rights implications of the pandemic in response to increasing demands by Member States.
    - Although this evaluation could not assess the level of awareness and ownership of the gender, equity and human rights agendas across WHO staff, programme and country office GER Focal Points perspectives suggested that there was still a lack of shared ownership of gender, equity and human rights in the organizational culture. This evaluation has underscored the **causal relationship between internal attitudes and practices in relation to equity, diversity and inclusion and the priority given to gender equality, heath inequities**

and health-related rights issues in the externally facing work of the Organization (See for example paragraph 61).

- According to both internal and external interview respondents, the Organization's mandate and technical staff profile has contributed to an overwhelmingly biomedical orientation, which makes it harder for the leadership and staff in some technical areas to see the relevance of gender, equity and human rights to their work.
- The governance structure of WHO means that strategies are adopted by the Organization through the WHA, and depend on the Member States' views on the subjects at hand, which can be an issue when pursuing the redress on human rights violations by countries (see Box 4).
- At country level, GER focal points in WCO who participated in the survey and some WHO regional and headquarters interviewees have commented that it can sometimes be difficult for the WCO to take a strong stand on human rights issues without affecting its relationship with government counterparts, which can result in a disconnect between the Organization's positioning and the way things are handled on the ground (see paragraph 40).

151. A second type of internal hindering factors concerns the gender, equity and human rights area of work itself:
    - **There have been major disruptions historically to the gender, equity and human rights mainstreaming work, which requires sustained and continuous efforts to permeate the whole Organization in an impactful way**. The lack of strategic continuity as well as the successive dismemberments of the architecture for gender mainstreaming, human rights, social determinants of health have been a major factor in the lack of performance in this area in the recent years (see for example paragraph 32). Crucially, there is currently no theory of change or results framework to guide this work in WHO overall.
    - The analysis of UN SWAP reports as well as contribution by WHO respondents reveal that is also a **lack of accountability of the managers and directors to ensure that gender, equity and human rights are meaningfully integrated in their area of responsibility.** Despite the fact that the Output Scorecard has emphasized that gender, equity and human rights are a shared responsibility between all output delivery teams, this has not yet translated into clear guidance on how management at all levels is expected to ensure its realization.
    - Perhaps relating to the point above, there has been a **low and decreasing level of investment in gender, equity and human rights** (see Figures 11 and 12): At country level especially, there is a lack of financial resources to implement activities related to the integration of gender, equity and human rights by the focal points and undertake coordination work with other agencies and over reliance on donor funding at the expanse of sustainable resources overall.
    - **Human resources for gender, equity and human rights have also been largely insufficient**, as revealed by the WCO GER Focal Points survey result as well as WHO HQ respondents in both programmes and GER Unit (paragraph 134). Senior level positions are required in order to ensure that the staff in charge of leading the integration of gender, equity and human rights are of sufficient level of seniority to be able to influence decisions. Permanent positions for experts to support the integration of gender, equity and human rights have been reduced to three in the GER Unit and vacant positions have not been filled. Experts are present in different corners of WHO and could be better mobilized to support this agenda across the Organization (paragraph 135). The GER focal point positions, both in HQ in the different programmatic areas and at country office level do not usually have dedicated time allocated to this function, although the situations are highly variable. In general, interviewees concurred that the gender, equity and human rights-related functions are added on to staff that already have full-time jobs which hinders their ability to support work across their department or office.

- Although it was not possible to assess the level of capacity and awareness in WHO in relation to gender, equity and human rights, this evaluation agrees with pervious exercises, (Gender Strategy mid-point review of 2011, Mapping of gender mainstreaming in 2021) that have highlighted the **need for a comprehensive capacity assessment and development programme for all staff in order to ensure a common understanding and buy-in on these issues, and support organizational culture change**. In addition, Focal Points have expressed that their work would benefit from further developing technical skills in these areas to better support integration in their area of work. While the WHO Academy's planned programme constitutes a promising development in this regard, its impact may be felt in the long term.
- Technical guidance from HQ and regional level has been judged sometimes too theoretical and too complex and not reflecting the country needs, resulting in difficulties in implementation at the country level. In relation to that, there is a key gap in terms of planning the piloting, testing, roll out and evaluating impact of the technical guidance produced by WHO on gender, equity and human rights from the onset (paragraph 49).

External factors

152. External hindering factors in recent years have included:
    - COVID-19, which has also demonstrated that in a crisis gender, equity and human rights become deprioritized within the emergency response (paragraph 86). COVID-19 has revealed the structural weakness of gender, equity and human rights integration in WHO and beyond by disproportionately impacting the vulnerable groups in society.
    - Political tensions around specific issues (gender equality, LGBTIQ rights, commercial determinants of health) with some Member States having held back work at global and country level on rights-based approaches to health and leaving no-one behind, as revealed in the WCO GER Focal Points survey (see also Box 4).
    - Given WHO's funding constraints gender, equity and human rights integration is not adequately supported by flexible funding at the three levels, which would provide much needed stability to this area of work. When resources of the Organization are already stretched, it becomes difficult to maintain a continuous focus on longer-term agendas and gender, equity and human rights integration may be deprioritized.

4.2 What are the opportunities in terms of gender, equity and human rights integration?

Internal opportunities

153. Internal opportunities are assets that WHO can build upon to move the gender, equity and human rights integration agenda forward. These include:

154. Leadership commitment: **the current administration has been perceived as progressive on the integration of gender, equity and human rights.** *"For so long the discussion has been limited to SRH and GBV, but thanks to the current leadership of the DG, this started to change."* WHO HQ respondents highlighted in particular that this has materialized in appointments of women in the senior management team at HQ level, the creation of a WHO-Civil Society Task Team at the invitation of the DG as well as the Civil Society Dialogues, and the strong messaging on leaving no-one behind as part of the GPW13 roll out.

155. **WHO's expertise in relevant technical areas** such as data disaggregation and inequities analysis, commercial determinants of health, GBV- and SRH-related gender mainstreaming is widely recognized according to external respondents from UN agencies. This has allowed WHO to position itself as a key partner providing normative and technical guidance to Member States in

the area on health inequalities. This is an important opportunity as it offers legitimacy to WHO's positioning on gender or rights issues by making an evidence-based case for addressing potentially contentious issues.

156. The **convening power of WHO at country level and the strong relationship it has with Ministries of Health** have been described by both internal and external respondents as important assets to have an impact on gender equality, health inequalities and health-related human rights issues. For example, a UN respondent commented: *"WHO has a really unique role in human rights in relation to health, there is a lot of legitimacy in terms of its mandate, and Ministries of Health trust WHO because of the strong grounding in evidence."*

157. **WHO has a strong mandate** embedded in governing bodies documents and the GPW13 aligned to SDG targets, including SDG 5. This has been strengthened with the WHA Committee's request to share the annual letter from UN Women addressed to the Director-General on UN-SWAP results with Member States, reflecting increased scrutiny of the governing bodies on gender mainstreaming in WHO.

158. **AMRO/PAHO** has a different governance structure and has been working on gender and human rights for the longest, with a clear framework, accountability lines and resources allocated to this area of work. This **offers a great learning opportunity for the whole Organization to identify good practices** and hold a comprehensive discussion on what could be adapted from this approach in other contexts. A promising area is the cultural diversity and ethnicity-related work conducted in the region, which has been adopted to a lesser extent in other regions as reflected in the CCS analysis.

159. **Some programmes have been able to dedicate resources for the integration of a gender and equity lens in their work.** Examples include the TDR programme that counts with a fully dedicated social scientist position, and the Global Polio Eradication Initiative with an external relations officer in charge of the gender work (see Figure 9). Going forward, WHO's work on gender, equity and human rights can use the opportunity of existing expertise and experience present in various levels corners of the Organization to better support this agenda across the Organization.

160. The **respectful workplace initiative** and recent human resources initiatives aimed at promoting gender parity and diversity in WHO staff are yet to be fully implemented and evaluated in terms of their impact on the lived experiences of staff (see paragraph 67). There are also initiatives stemming from WHO staff itself such as the SOGIE group, and regional level initiatives such as the **AFRO's strategy to promote women in leadership** (paragraph 78). These constitute important opportunities to improve the organizational culture around equity, diversity and inclusion, which can be expected in turn to facilitate the integration of gender, equity and human rights in the externally facing work of the Organization.

161. **The Output Scorecard process** has offered an opportunity to improve organizational accountability on the integration of gender, equity and human rights, by lifting the impactful integration of these dimensions as an organizational requirement for all departments to contribute to. It has also contributed to initiating discussions on entry points for gender, equity and human rights integration in some departments where these issues had not been considered so far. However, it is too early to evaluate whether this process will result in improving the work of WHO on those cross-cutting issues. Concerns were raised by both internal stakeholders from HQ and regional offices as well as external stakeholders as to whether these subjective scores would truly reflect the status of gender, equity and rights integration in the absence of a link to

objective targets the Organization is responsible for achieving on gender, equity and human rights (paragraph 100)

External opportunities

162. There is a favourable context that offers opportunities for WHO to seize and make a step change in progressing gender, equity and human rights integration:

163. WHO HQ respondents revealed that **some donors' support and advocacy for a feminist approach, gender equality and women's empowerment and rights-based approach in health programmes has been eliciting increased attention to these areas recently in WHO.** An example of this is this evaluation, which was requested by the Member States of WHO at the last executive board meeting. For example, one HQ respondents noted that *"The gender, equity and human rights agenda in WHO is largely driven by a group of donors that want to see the Organization fulfil its role in the area of the right to health and gender equality in health."*

164. **The current drive in the UN system on the leaving no-one behind agenda has created a conducive environment** with increased alignment on the 2030 agenda and UN-wide mechanisms to ensure that cross cutting issues are integrated in corporate processes of UN agencies. The UN SWAP yearly monitoring process has provided a key opportunity to reflect on the entry points and benchmark for the integration of gender equality and the empowerment of women across the different functions of WHO. Monitoring of the implementation of UN-DIS is an opportunity to ensure that the area of disability is prioritized. At country level, there are stronger coordination mechanisms through the UNCT which offer promising developments for harmonising gender, equity and human rights work in WHO Country Offices in line with the broader UN system's drive in these areas. There are also UN-wide initiatives and networks working on key gender, equity and rights issues that WHO can use both to advance and inform its positioning and advocacy work on gender, equity and human rights issues (see paragraph 27).

165. **Member States requests for technical support at country level in relation to gender an equity integration, and to a lesser extent human rights, have increased in recent years** according to regional and country offices respondents. Although this provides an opportunity for WHO to increase its involvement in this stream of work, unfortunately in general Country Offices do not have adequate technical capacity and resources to respond to these requests (see WCO GER Focal Points survey results). Additionally, the analysis of current CCS has revealed that gender, equity and human rights were not meaningfully integrated in many countries. Although there were good examples in some CCS, it seems that this was often in reaction to an already favourable environment in the country rather than stemming from a systematic effort from WHO to raise awareness and drive this agenda throughout its work in country, taking advantage of existing entry points (Annex 7: CCS analysis).

166. Civil society and academic respondents highlighted that there was a **great willingness on the part of experts and advocates to contribute to the work of WHO in those areas, and that WHO could do more to participate in global dialogues on gender, equity, human rights and health** (paragraph 145). For example, one respondent suggested that *"There are experts out there that want to support WHO on gender and we need an mechanism to do that, not a single expert that gets on a roster, but a platform, an advisory body on gender."* Engaging with experts and activists on gender, equity and human rights in relation to health is an opportunity for WHO to ensure that the guidance and positioning of the Organization remain relevant to the fast moving and complex gender, equity and rights health-related issues in the COVID-19 context and beyond. Although some efforts have been undertaken in this direction, more can be done to

have a systematic and structured approach to these collaborations at all levels of the Organization.

167. The COVID-19 pandemic has revealed the centrality of gender, of equity and of leaving no one behind in protecting health, not only of the most vulnerable but of the population at large. This has resulted in increased demands by Member States in relation to addressing health inequities and vulnerabilities.

4.3 What have been lessons learned and good practices identified?

Lessons learned from WHO's experience

168. There have been areas of innovation and good practice on integrating gender, equity and human rights in WHO in recent years in different corners and at the three levels that the Organization can draw on to develop a more coherent, strength-based approach to gender, equity and human rights integration. Some highlights include:

169. **When there have been sufficient technical resources and stability to gender, equity and human rights specialist positions, WHO has been able to contribute meaningfully on gender and equity integration in relation to health** (paragraphs 37 and 80 on gender and equity respectively).

170. There are **successful approaches to addressing organizational culture, capacity and awareness of gender, equity and human rights in WHO**. The respectful workplace initiative and the extension of the gender, equity and human rights agenda beyond traditional areas of gender balance and geographical representation to cover staff wellbeing and family friendly policies, tackling racism and LGBTIQ discrimination and disability have constituted advances in addressing the organizational culture on inclusion and diversity (see paragraph 67). This work requires sustained and long-term efforts in order to concretise changes in the experiences of staff in these areas, as outline in the Transformation evaluation report. Also, **these efforts have not sufficiently expanded to benefit the Organization at the regional and country levels**, where there is less consistent and systematic effort to address corporate integration of gender, equity and human rights.

171. There are **good practice examples** in relation to addressing capacity building needs. These include:
    - The **Gender Action Plan in the Syria WCO,** developed with the participation of the Ministry of Health, which covers three priority areas of human resources, gender responsive programming and institutional arrangements for gender integration. Actions include a mandatory training on gender and health using the AMRO/PAHO online course. This contrasts with the usual situation at WCO level, as technical backstopping is received nearly exclusively from Regional Offices and there are untapped opportunities for horizontal collaboration and learning. Other areas covered in the Action Plan are outlined below:

Box 12: Syria WCO Gender Action Plan targets

- All technical staff will undergo mandatory training (certified) on gender and health by the end of the year
- All other staff will undergo a gender short orientation (Online) by the end of the year
- All technical staff will be responsible for setting showcase commitment for gender-sensitive and responsive programming by end of the year
- All staff will contribute to discussions on how teams and individuals can contribute to the Gender Action Plan
- All health programmes will have sex-disaggregated data by the end of the year

- The **Brazil Country Office awareness activities** use testimonies and regular discussions with rights holders from marginalized groups during staff meetings to help programme coordinators understand the links between gender, equity and human rights and their area of work.
- **AFRO's leadership programme** which fosters women leaders through internal career pathways.

172. The **use of institutional mechanisms to foster integration across the board** can allow progressing the integration of gender, equity and human rights in areas where this agenda does not find a natural or historical fit (i.e. the Guidelines Review Committee and the Global Public Health Goods quality assurance processes, WHO Academy courses integrating gender, equity and human rights, the OSC). There are other untapped opportunities to use such institutional mechanisms to integrate gender, equity and human rights: the performance reviews, especially at leadership/director level; other cross-organizational programmes that can act as vehicles to promote gender, equity and human rights integration like PHC, DDI and SDH.

173. There have been **successful approaches implemented in some Country Offices to effectively support Member States** in integrating gender equity and rights considerations in the national health systems, policies and programmes:
    - The work on barriers identification for vulnerable groups and follow-up work supporting policy development and design of health programmes (paragraph 59).
    - Adapting the approach to the context and using context-specific entry points. Adapting language and framing can be an effective strategy to promote the right to health for all in circumstances where human rights references may not be well received. In this respect, an external stakeholder commented, *"In some contexts you cannot talk about human rights or gay men. You need to be flexible in the way countries want to approach the problem, but at the same time be firm and not walk away from the issue."*
    - Taking into account specific axes of discrimination and vulnerability, engaging with more social and political considerations that impact health equity. For example, AMRO/PAHO's strategic approach to integration addressing racism, ethnicity and cultural diversity; HIV programme work on the right to health of marginalised groups such as LGBTIQ, sex workers, injecting drug users; the work on commercial determinants of health in relation to child rights.

Lessons learned from other UN agencies and multi-lateral organizations

174. Good practices on integrating gender, human rights and equity in other UN and multi-lateral organizations can inform WHO's work in these areas.

175. A meeting was co-convened by UNU-IIGH and WHO in April 2019 to discuss gender mainstreaming approaches in health, which culminated in the report 'What works in gender and health'.[153] Based on lessons learned from UN organizations' work on gender mainstreaming, it identified seven key strategies to progress gender mainstreaming.

[153] https://i.unu.edu/media/iigh.unu.edu/news/6852/UNU-IIGH_Final-Meeting-Report_What-works-in-Gender-and-Health.pdf, accessed 02 July 2021.

Box 13: Some of the most relevant best practices identified in the What Works in Gender and Health report

- Long-term investment in on-going advocacy and engagement with organizational leaders at the agency, regional and country office level to build awareness and buy-in for gender mainstreaming
- Committed champions for gender equality influence other leaders to implement gender mainstreaming policies and programmes and pursue long term financial engagement with donors
- Making the case to health programme managers within agencies or government counterparts that addressing gender inequality will improve health programme effectiveness and health outcomes (building the case approach)
- Health policy-makers are concerned with delivering efficient, quality health services for better health outcomes, and need to know what to do practically to address gender within their daily work
- Using the equity and 'Leave No One Behind' agenda as an entry point for gender, particularly in contexts where gender work is less well received

176. Respondents from UN agencies and other international partners also highlighted some lessons learned in terms of integrating gender, equity and human rights into their work.
    - Most of the UN respondents have identified as their main lesson learned on mainstreaming cross-cutting issues that **there is need for both a dedicated organizational unit and outcome in the strategic plan and a mainstreamed approach across programmes.** For example, one respondent commented that *"I feel we will have to learn as everyone that you need both focus and mainstreaming."* and another explained: *"It is critical to have a dedicated outcome on gender and human rights in our strategic plan. We have a dual approach, because if you only mainstream it gets lost. Every time there is a push: 'let us just mainstream'. But a dedicated outcome is needed to keep the incentives and focus that are there."*
    - While there is need for a strong organizational direction on gender, equity and rights integration, **the approach should also allow for flexibility and openness**, and encouraging creative and organic growth of this agenda through a conducive environment. There should be bottom-up dynamics, whereby experience at country level is allowed to develop and inform organizational work, as well as through lateral collaborations between countries and regions.
    - In addition to having **leaders with a sufficient level of seniority** to be able to influence the work of others, there is a **need for expertise** to support the three dimensions of gender, equity and human rights in advisory positions instead of "*mishmashing capacities.*"
    - **Internal and external integration of cross-cutting issues are two sides of the same coin** that should be tackled together: *"We found that you can have the best programmes, but if internal DNA does not match it does not fly."*

177. Respondents from UN agencies and other international partners also reflected on their expectations from and experiences with WHO. **There are diverging views as to whether WHO should play a more political role on these issues, or whether it should stick to technical, evidence based work on gender, equity and human rights.**
    - Some UN and civil society partners expect WHO to fulfil a leadership role on gender, equity and human rights, not only in the technical arena, but also by showing political leadership on these issues. For example, one UN respondent commented that *"WHO should be a model rather than be in the middle of the table"* on issues of gender and health; and another that *"WHO could do more, as it is uniquely placed by its mandate to be a leader on health and human rights."*
    - Other UN and international partners respondents considered that WHO's strength lies in its normative and technical guidance work, and that other UN agencies are better placed to undertake advocacy work. For example, one external respondent commented that "*When we have a political discussion, the WHO is not the go-to partner, it is more delicate for them to engage in this. We talk more with UNFPA, UN Women, UNDP or UNICEF."*

– In relation to this, the 'What works in Gender and Health' UNU-IIGH/WHO report highlights that there is no one-size fits all way of mainstreaming gender, equity and human rights issues. Some external respondents considered that because WHO's primary mandate is concerned with improving health outcomes, equity and rights issues should be framed as a way to improve health in order to be prioritized. In this way, WHO's normative work and technical expertise serve to advance a rights-based health agenda in providing the public health evidence for addressing human rights abuses and their impact on health outcomes.

Conclusions

C1: The lack of strategic guidance on gender, equity and human rights in the past ten years and since the expiry of the GER Roadmap has hindered the meaningful integration of gender, equity and human rights in the work of WHO to date.

- Different parts of the Organization have moved forward on this agenda, achieving important successes but in a disjointed, uncoordinated manner.
- Although they are interlinked, the gender, equity and human rights dimensions are operationalized in different ways and require different technical expertise. The contours of the gender, equity and human rights agenda are also very close to other technical areas in WHO such as the social determinants of health agenda, the monitoring of health inequities, and the UHC agenda.
- In the absence of a clear conceptual and operational framework on how these different areas play out in practice, the integration of gender, equity and human rights has remained piecemeal and concentrated on a more 'natural fit' in relation to a specific technical area.

C2: WHO needs to make a step change in driving and investing in gender, equity and human rights throughout the Organization if it is to fulfil its role as the custodian of the right to health and achieve the objectives set out in the GPW13

- There are currently many facilitating factors that have opened a window of opportunity to operationalize the gender, equity and human rights integration agenda. These include the increased attention paid to gender, human rights and equity by the UN system in the context of the 2030 Agenda for Sustainable Development, the support of key WHO contributors for this area of work, the availability of strong expertise among civil society and academic partners and the consistent endorsement of this agenda by the Director-General. However, the failure to support the operationalization of those concepts through consistent leadership, dedicated human resources, and stable financial allocation for gender, equity and human rights across programmes and at the three levels of the Organization has been reflected in poor performance on monitoring mechanisms such as the UN SWAP and the first iteration of the Output Scorecard. This has called into question the actual commitment of the Organization to 'walk the talk' on gender, equity and human rights integration. External stakeholders have called on WHO to play a leadership role and be at the forefront of new developments in the fields of gender equality and women's empowerment, equity and the right to health, in particular in relation to the current COVID-19 pandemic and its aftermath.
- There have been insufficient human resources dedicated to support gender, equity and human rights integration beyond the central GER Unit in the different programmatic areas, in some regions and in the great majority of country offices. GER Focal Points have fulfilled this role in addition to their core duties without having formal responsibilities or dedicated time to fulfil their role. Many of the GER focal persons in HQ have moved positions or left without a replacement being designated. There is no GER focal person in the human resources department.
- The integration of gender, equity and human rights is not the sole responsibility of the GER focal persons and other dedicated staff. Managers and directors need to be accountable for ensuring that integrating gender, equity and human rights considerations into their work is everyone's responsibility. Accountability on these areas has progressed with the dedicated dimension in the Output Scorecard, but this has not yet translated into individual responsibilities of managers and directors enshrined in their position descriptions and in their performance reviews.

C3: The lack of stability in the GER Unit's leadership and human resources has been one of the single most disruptive factors to the implementation of the gender, equity and rights agenda in the recent past.

- When there has been a stable and well-resourced unit, WHO has been able to significantly contribute to the field of gender and health and equity and health, providing numerous knowledge products and authoritative technical guidance.
- In recent years however, the work of the GER Unit has been hampered by a lack of adequate human resources and a leadership gap, which has significantly hindered its contribution, in particular in terms of exerting leadership and supporting the different technical areas on gender, equity and human rights integration. Despite this, the GER Unit has achieved meaningful contributions to the corporate integration of gender, equity and human rights, a key highlight being the development and rollout of the Output Scorecard dimension on impactful integration of gender, equity and human rights as part of the Programme budget 2020-2021 mid-term review.
- The GER Unit's current placement in DGO has given more prominence to this area of work in the Organization, and the Unit has oversight of gender, equity and human rights integration both in corporate functions and the externally facing work of the Organization. There is a need to strengthen the link between the GER Unit and the technical departments to ensure that it can coordinate the integration of these cross-cutting areas in the programmatic work of the Organization.

C4: Internal integration of gender, equity and human rights in the organizational culture and capacity is directly linked to performance in external facing work. Addressing gender, equity and human rights-related awareness, organizational culture and capacity is a prerequisite to progressing meaningful integration in the work of WHO, beyond having a value in its own right.

- As part of the WHO Transformation's effort to improve organizational culture, progress has been made in equity, diversity and inclusion-related human resource policies and promoting a more open and participatory culture, with the WHO Values Charter and other initiatives. However there are varying levels of buy-in and awareness on gender equality and women's empowerment, diversity and rights by managers at all levels. In addition, the professional focus of WHO's technical staff on biomedical and health systems aspects of health contributes to the lack of prioritization of gender, equity and human rights, seen as a 'nice to have' rather than forming part of the core mandate of the Organization. As a result, the lack of consistent buy-in by directors and managers at all levels has been quoted as one of the key hindering factors for this agenda by GER focal points.
- The foundational element of capacity development and awareness-building on gender, equity and human rights has not been adequately addressed despite numerous recommendations made over the years by evaluations and reviews and constitutes a major weakness for this agenda. The WHO Academy's work on building capacities within WHO on gender, equity and human rights constitutes a promising element in this respect, however the timeframe for its roll out makes it a medium-to long-term endeavour. In addition, the Regional Office for the Americas' gender and health course has been highly successful in terms of participation levels and has been replicated in other regions.

C5: Country-level work on gender, equity and human rights has not been supported effectively, resulting in variable degrees of integration and represents a missed opportunity for WHO to have an impact on health inequities.

- There have been few examples of effective integration of the three dimensions across all technical areas at country office level. Equity work has been the most frequently integrated especially in relation to reducing barriers to health care in the context of UHC; gender work has focussed on some technical areas such as Reproductive, Maternal, Newborn, Child and

Adolescent Health (RMNCAH), gender-based violence or HIV; and human rights work has generally been circumscribed to some country offices.

- In the absence of a streamlined strategy and clear responsibilities for providing guidance on gender, equity and human rights, especially from headquarters level, guidance and requests from the different areas of gender, equity analysis, human rights and social determinants of health have sometimes reached the country office in a siloed, non-streamlined manner.
- There is a lack of practical guidance for countries on how to operationalize the integration of a gender and equity lens and the adoption of a rights-based approach to health. Recent tools have been produced, especially in relation to equity, but their implementation and effectiveness has not been systematically evaluated. Gender mainstreaming guidance has been the subject of many publications in WHO, however these mostly date back to when there was a fully-fledged Gender and Women's Health Department. Human rights guidance has remained scarce and there seems to be a lack of understanding on how to operationalize a human rights-based approach to health in the different technical areas to achieve impact at country level.
- Resources for conducting gender, equity and human rights-related activities have been lacking at country office level, which is also reflected in the fact that current CCSs integrate those dimensions to a varying extent. This has hindered the capacity of WHO country offices to conduct impactful activities, such as to support the piloting of technical guidance produced on gender, equity and human rights, and to conduct coordination, capacity development and advocacy work.

Recommendations

The recommendations from this evaluation address the following key dimensions for future work: the policy and strategic framework; the gender, equity and human rights architecture across the Organization; capacity and resourcing of the central GER Unit; gender, equity and human rights in the Transformation agenda; and impactful gender, equity and human rights integration at country level.

R1: WHO should develop the policy and strategic framework around gender, equity and human rights by i) outlining the conceptual framework guiding the Organization's technical work in each of the three areas and ii) spelling out how WHO intends to operationalize them. Specifically, WHO should:

a. Develop the policy framework relating to gender, equity and human rights which clarifies how the three areas interact and link up to closely-related thematic areas such as the social determinants of health agenda, equity, diversity and inclusion, disability and cultural diversity and ethnicity. In particular: i) the Gender Policy (2002) should be updated to reflect current thinking and the UN-wide framework in this area; ii) the equity agenda needs to articulate the linkages between the different strands of work on equity, including in UHC, social determinants of health and equity monitoring; and iii) the human rights component must be strengthened by spelling out what WHO's human rights-based approach to health consists of.

b. Based on a clearly articulated policy framework, develop a time-bound Organization-wide strategy to operationalize the integration of gender and equity and promote a rights-based approach to the work of WHO in line with the 2030 timeframe. The Strategy should: i) be developed through a participatory process involving all relevant stakeholders beyond the GER Unit at the three levels of the Organization; ii) include a theory of change and a results framework linked to an outcome level change in the programme budget; and iii) be the subject of a mid-point review and a final independent evaluation.

R2: WHO should develop and appropriately resource the gender, equity and human rights architecture across programmes and at the three levels of the Organization, namely by:

a. Ensuring that GER focal points at sufficient seniority levels (P4-P5) are appointed in all programmatic and corporate areas, with responsibilities outlined in their position descriptions and performance reviews to support the integration of gender, equity and human rights in their area.

b. Ensuring that managers and directors across the Organization have responsibilities for ensuring gender, equity and human rights integration in corporate and programmatic work enshrined in their position descriptions and performance reviews.

c. Equipping the regions with full-time staff positions covering the required expertise in the three dimensions of gender, equity and human rights at the same level of seniority as other leadership positions in technical areas.

d. At country level, considering the: i) appointment of formal focal points in all country offices; ii) establishment of full-time subregional gender, equity and human rights experts in bigger country offices with a responsibility to support other country offices in the region; and iii) use of existing human resources specialized in gender, equity and human rights more collaboratively across programmes to support country-level work.

e. Defining formal coordination mechanisms, building on existing collaboration. Consideration should be given to: i) giving a formal advisory role to the Global GER network; and ii) setting up a

cross-Division Gender, Equity and Human Rights Mainstreaming Committee, consisting of Senior Management and Directors from headquarters and regional level, with overall responsibility for implementing the WHO gender, equity and human rights strategy and supporting the GER Unit in joint planning.

R3: WHO should stabilize and strengthen the headquarters GER Unit driving the corporate integration of gender, equity and human rights internally and coordinating the integration of these cross-cutting issues in technical areas. In particular:

a. WHO senior management should ensure that full-time positions are in place and operational in line with the breadth of functions that the GER Unit is expected to fulfil, with each of the three dimensions led by a staff member at the same level of seniority as other leadership positions in technical areas and a fourth senior staff member overseeing the team.

b. Stable financial resources should be allocated to maintain core functions of the GER Unit to reduce reliance on specified voluntary contributions.

c. The structural placement of the GER Unit should fulfil two key criteria: offering sufficient seniority and leadership to the GER Unit to drive the Organization-wide integration of gender, equity and human rights; and offer clear linkages to, and communication lines with, all programmatic areas.

R4: As part of the Transformation agenda, WHO should address awareness and capacity development needs for gender, equity and human rights integration at all levels, namely by:

a. Dedicating sustained efforts to gender, equity and human rights capacity assessment and development, and awareness building at all levels of the Organization, especially among directors and managers. This entails: i) conducting periodical reviews of staff attitudes, knowledge and practices in relation to gender, equity and human rights; ii) implementing a capacity development programme on gender, equity and human rights, including using the WHO Academy platform and other existing tools such as the AMRO/PAHO e-learning course on gender mainstreaming; and iii) introducing a mandatory training on basic concepts of gender, equity and a human rights-based approach for directors and managers at the three levels of the Organization.

b. Translating the WHO Values Charter into a set of prerequisites for recruitment to ensure that staff adhere to gender equality and non-discrimination principles.

c. Developing a platform and working group in order to enhance partnerships with relevant civil society and community organizations and academic institutions.

R5: WHO should emphasize streamlined support to Country Offices work for impactful integration of gender, equity and human rights. This should be done by:

a. Ensuring that the Organization-wide strategy on gender, equity and human rights translates at country level into the systematic integration of these cross-cutting areas in the Country Cooperation Strategies/UN Common Country Analysis and Cooperation Frameworks.

b. In collaboration with country offices, developing practical, user-friendly technical guidance for country programmes to integrate gender and equity considerations, and implement a rights-based approach. Guidelines should focus on streamlining technical input to avoid over-burdening countries with parallel demands and they should be field-tested to ensure that they are fit for purpose. They should also cover different contexts and population group needs, for example people affected by emergencies.