

World Health Organization

WHO

2019 UN-SWAP 2.0

ACCOUNTABILITY FRAMEWORK FOR MAINSTREAMING GENDER
EQUALITY AND THE EMPOWERMENT OF WOMEN IN UNITED NATIONS
ENTITIES

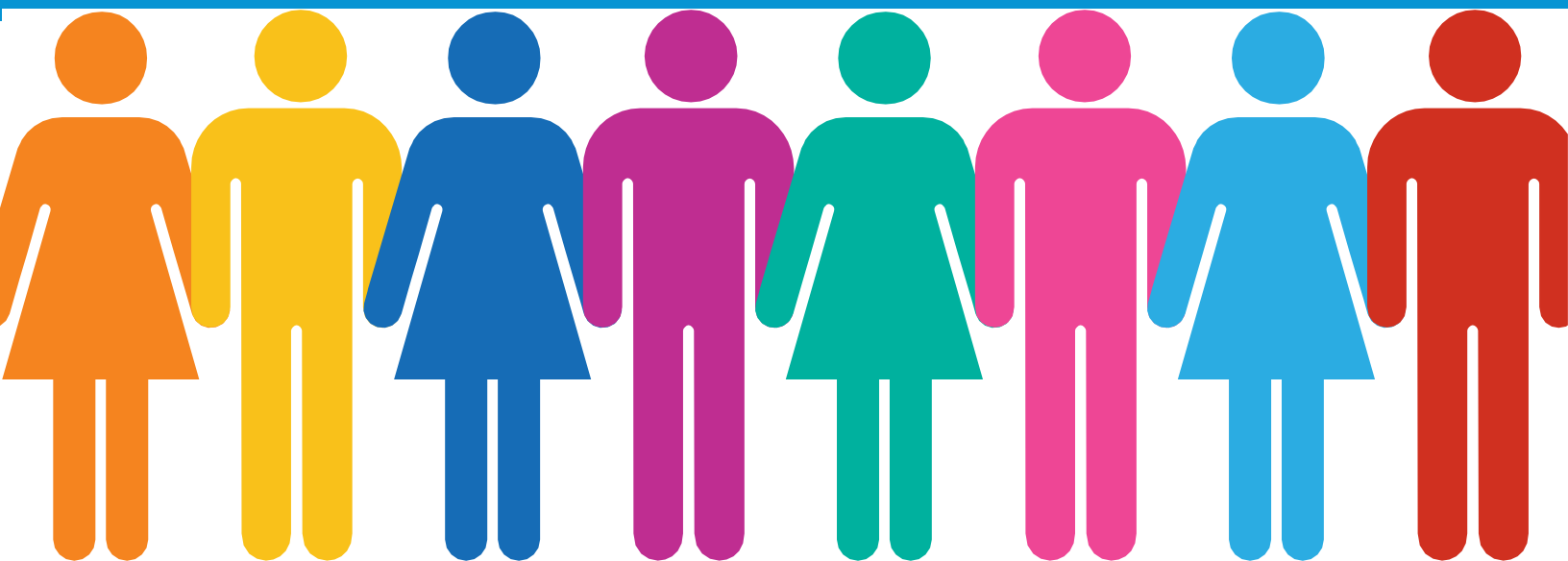


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I. BACKGROUND

The UN System-wide Action Plan (UN-SWAP) on gender equality and women's empowerment constitutes the first unified accountability framework to systematically revitalize, capture, monitor and measure performance on mainstreaming gender perspectives into the work of the UN system.

Created as a response to ECOSOC agreed conclusions [1997/2](#), which called upon the UN system to mainstream a gender perspective throughout its work, and the CEB endorsed UN System-wide Policy on Gender Equality and the Empowerment of Women in 2006. Following the creation of UN Women in 2010, the UN-SWAP framework was developed through inter-agency consultations to operationalize the policy. The UN-SWAP was endorsed by the United Nations Chief Executives Board for Coordination (CEB) in April 2012.

In response to the request of the United Nations General Assembly in resolution 67/226, the Joint Inspection Unit review [\(JIU/REP/2019/2\)](#) of the UN-SWAP 1.0 (2012-2017) found that the UN-SWAP has proven to be a catalyst for progress towards gender mainstreaming, an effective framework for tracking system-wide advancement and a system-wide achievement. UN-SWAP 2.0 (2018-2022) raised the bar for accountability by strengthening existing indicators and anchoring the framework within the 2030 Agenda for Sustainable Development. UN-SWAP 2.0 and the equivalent framework at the UN country team level, UN Country Team System-wide Action Plan (UNCT-SWAP) Gender Equality Scorecard, have been contextualized to the UN reform and the planned move to system-wide reporting on collective results linked to gender-related targets of the SDGs, including SDG 5. The gender dimensions of the UN Response to the health and development crisis emanating from the COVID-19 have been also integrated in the accountability frameworks for the period 2020-2022.

II. UN-SWAP 2.0 ACCOUNTABILITY FRAMEWORK REPORT COMPONENTS

Indicator Rating and explanation

As elaborated in its [technical guidance](#), the UN-SWAP 2.0 includes a set of 17 Performance Indicators (PIs), organized in two sections (Gender-related SDG results and Institutional strengthening to support achievement of results) and clustered around six broad areas.

The UN-SWAP rating system consists of five levels. The ratings allow UN entities to self-assess and report on their standing with respect to each indicator, and to move progressively towards excellent performance.

Not Applicable > Missing > Approaches requirements > Meets requirements > Exceeds requirements

Entities report against each indicator to UN Women annually through an online reporting system. In addition to the selection of ratings and explanations, entities are required to provide supporting evidence for each rating selection.

Action Plans

UN-SWAP reporting requires the submission of Action Plans to accompany ratings for all indicators, including timelines, resources and responsibility for follow-up actions in order to maintain or improve current ratings. Action plans are critical for enabling gaps and challenges to be addressed, and agreed upon at the highest possible level within entities. Further explanation of the elements.

Supporting evidence and knowledge hub

To ensure the integrity of self-assessments, entities are required to provide evidence substantiating each indicator rating as outlined in the UN-SWAP technical guidance

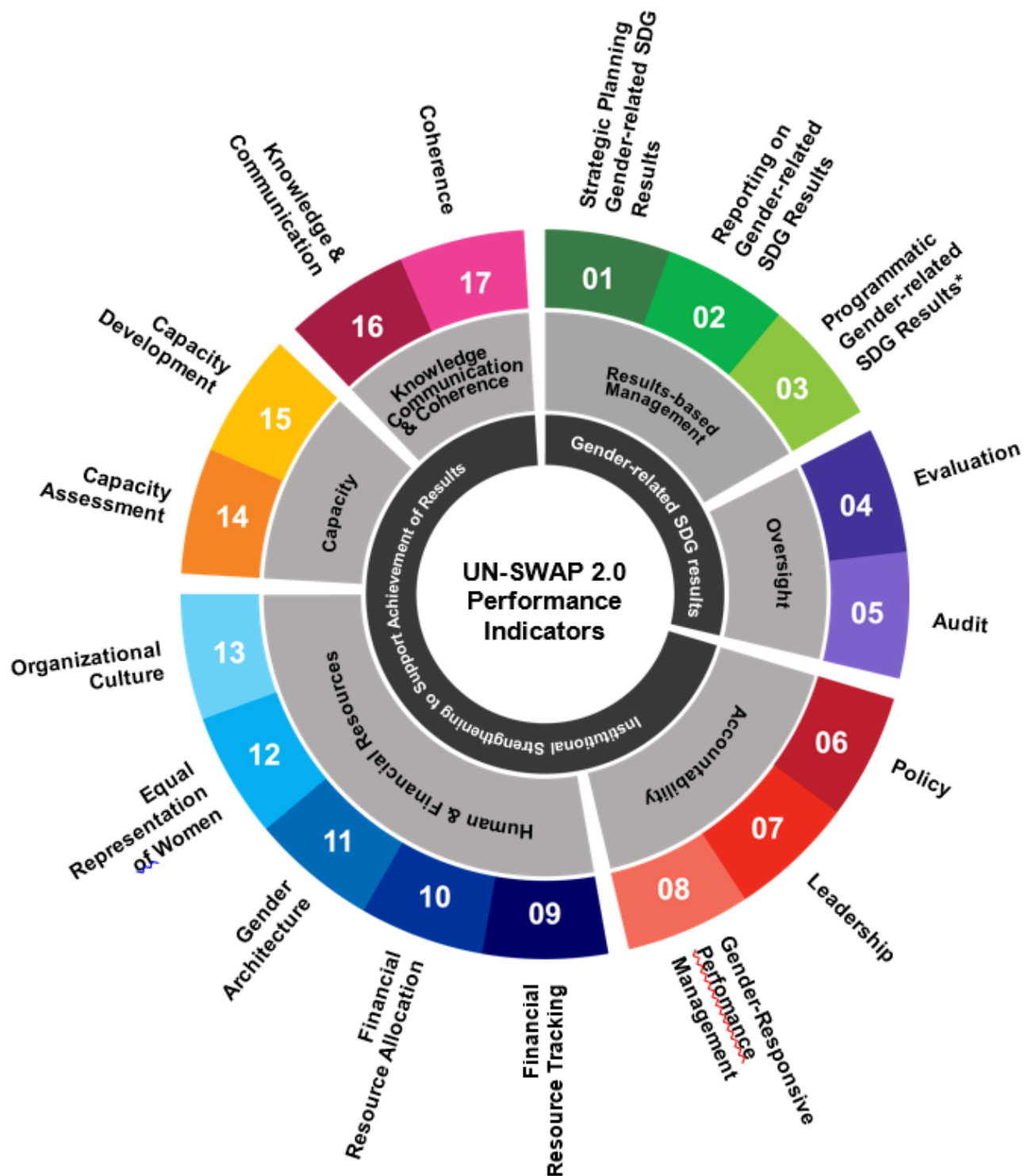
Entities are encouraged to share these supporting documents and best practices within the UN-SWAP 2.0 Knowledge Hub – the first system-wide library of gender mainstreaming documents, available to all UN-SWAP reporting platform users.

III. QUALITY ASSURANCE AND UN-SWAP 2.0 RESULTS REPORTING

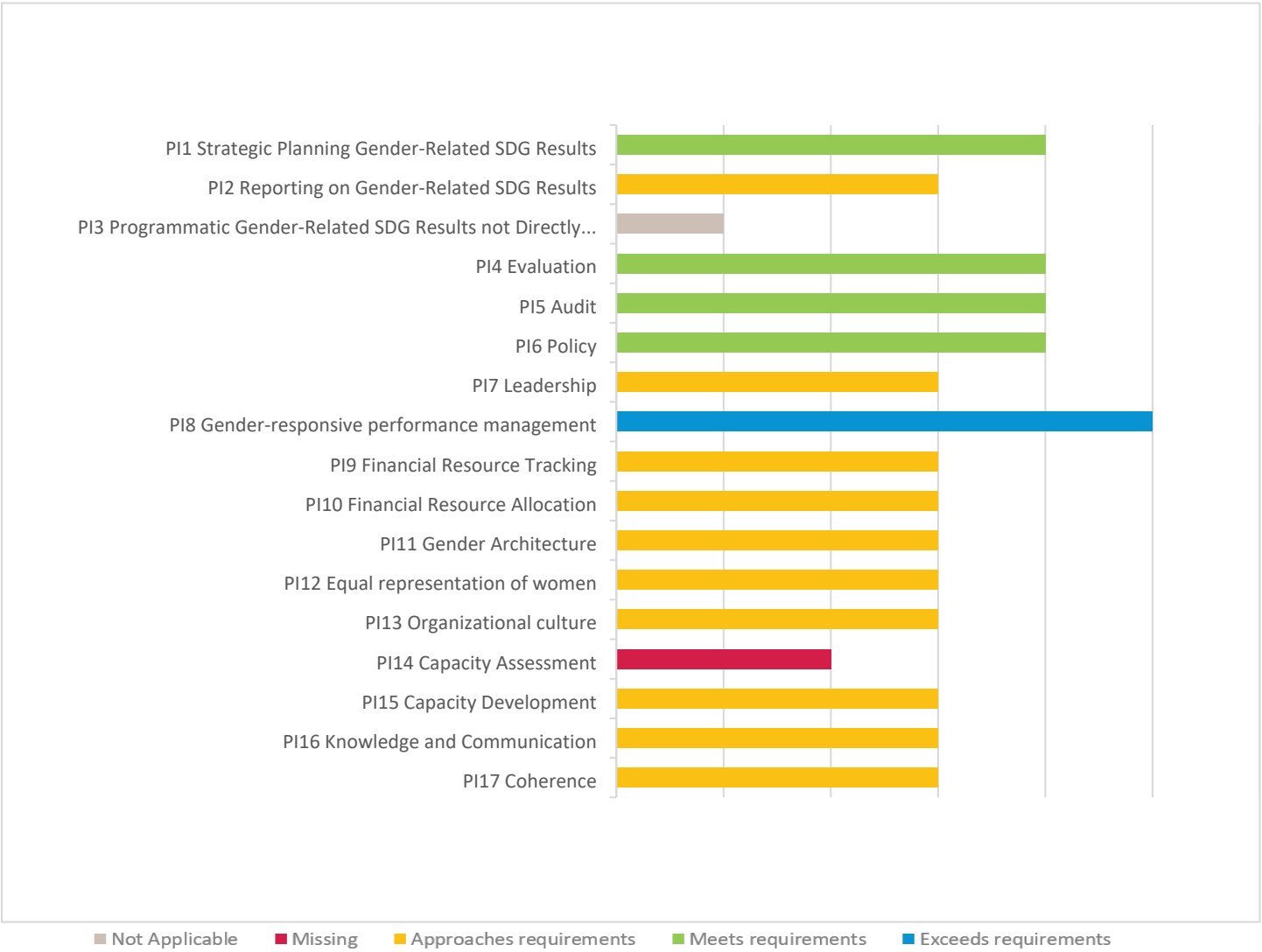
As part of the quality assurance process, UN Women reviews UN-SWAP 2.0 annual reports submitted by UN entities for thoroughness and consistency of ratings. UN Women is responsible for coordinating and facilitating the implementation of the UN-SWAP 2.0, providing guidance to participating entities through a help-desk function and reporting on system-wide progress towards gender equality and the empowerment of women. The annual Report of the [Secretary-General on mainstreaming a gender perspective into all policies and programmes in the United Nations system](#) includes an analysis of system-wide performance on gender mainstreaming based on UN-SWAP 2.0 results. To enhance transparency, individual entity results are available on the UN-Women website.

IV. WHO REPORTING INTERNAL REVIEW PROCESS

V. THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK



VI. WHO 2019 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT



VII. WHO 2019 UN-SWAP 2.0 RESULTS BY PERFORMANCE INDICATOR

I. GENDER-RELATED SDG RESULTS / RESULTS-BASED MANAGEMENT



Performance Indicator:

PI1 Strategic Planning Gender-Related SDG Results

MEETS

1bi. Main strategic planning document includes at least one high level result on gender equality and the empowerment of women which will contribute to meeting SDG targets, and reference to SDG 5 targets.

Please see above. As mentioned, GPW13 (2019-23) (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1) is based on the SDGs and includes diplomacy and advocacy to strengthen gender, equality and human rights. GPW13 reiterates that, “Increased diversity achieved by fostering gender parity and geographical representation across all levels of the Organizations...”, and states, among others, that, “Special emphasis will be placed on addressing SDG targets 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights) in relation to gender equality and women’s economic empowerment.”

1bii. Entity has achieved or is on track to achieve the high level result on gender equality and the empowerment of women.

Most budget centres did report on the progress of the outputs and the toptasks (activities and projects in the ERP system) during the mid-term review linked to the 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), voluntarily, and the internal assessment shows:

- 82% of the outputs were reported to be “on track” for the implementation of outcome 3.6 across the three levels of the organization,
- 4% of the outputs were “at risk” or “in trouble”
- 14% of the outputs were not reported on.

Furthermore 318 toptasks were linked to the outcome 3.6, out of these:

- 39% of WHO’s toptasks linked to the outcome had been completed.
- 46% of WHO’s toptasks linked to the outcome were “in progress”, and,
- 11% of the toptasks had either “not started” or were “on hold”.

Source: this is internal information, not published.

Include the high-level result(s) on gender equality and empowerment of women

During 2019, WHO:

- reported on the mid-term results of the Programme Budget 2018-19, in which the high-level result (outcome level) is “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” (see Programme Budget 2018-2019 p.87),
- implemented Programme Budget 2018-19 in which the high-level result is “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” (see Programme Budget 2018-2019 p.87), and,
- finalized and received the approval by the Member States of the Programme Budget 2020-21, in which the high-level result (output level) is “Leave no one behind approach focused on equity, gender and human rights progressively incorporated and monitored” (See Programme Budget 2020-21 p. 86).

The World Health Assembly, WHO’s highest level governing body, approves a General Programme of Work (GPW), which historically ranged between five and ten years in duration. This presents the World Health Assembly with the opportunity to define the Organization’s strategic direction and results structures, the delivery of which is articulated and detailed in the biennial Programme Budgets (PB) to allow the operational delivery and control of the priorities set out.

Thirteenth Global Programme of Work (GPW13)

GPW13 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1) covers the period 2019-23 and is firmly based on the Sustainable Development Goals (SDGs) and reiterates the Organization's "powerful voice for health and human rights is indispensable to ensure that no one is left behind". The major shifts in GPW13 include stepping up leadership, which includes diplomacy and advocacy to strengthen gender, equality and human rights.

For example, paragraph 68 of GPW13 states that, "Special emphasis will be placed on addressing SDG targets 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights) in relation to gender equality and women's economic empowerment." The focus is on universal health coverage for all, irrespective of gender, age or any other distinction.

GPW13 also looks inwards stating that, "Increased diversity achieved by fostering gender parity and geographical representation across all levels of the Organization; workforce rejuvenation and forward-looking succession planning supported by strategic and timely recruitment and enhanced opportunities for young professionals; and full implementation of WHO's geographical mobility policy. WHO's focus on SDG implementation will require a broader professional and skills mix to work with many different sectors and provide not only technical but also strategic and policy advice to countries".

Programme Budget 2018–2019 (PB 2018-19)

In PB2018-19 (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf), "Equity, social determinants, gender equality and human rights" are presented as outcome 3.6 with a budget of USD 50.5 million, results statement from the PB2019-20:

"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".

Programme Budget 2020–2021 (PB2020-21)

In WHO's Programme Budget 2020-2021 (http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_5-en.pdf), the "Leave no one behind approach focuses on equity, gender and human rights progressively incorporated and monitored" is presented under the outcome to "Strengthen leadership, governance and advocacy for health" (4.2) to demonstrate that gender is being considered at the highest level to ensure that it is addressed across the spectrum of the Organization's work. For the first time, the output "Leave no one behind approach focused on equity, gender and human rights progressively incorporated and monitored" (4.2.6) will be measurement will relate to the UN-SWAP report.

The Programme Budget 2020-2021 saw a shift from 30 outcomes and 99 outputs to a more focused approach with 12 Outcomes and 42 outputs. The GER was elevated to an enabling function, to be mainstreamed across all programmes and that will be monitored and reported through the balanced score card (more information further below).

Achievement in year/s

Programmatic reporting to its governing bodies is carried out by WHO on an annual basis, through the WHO Programmatic and Financial Report at the end of each biennium, and the WHO Mid-Term Programmatic and Financial Report at the middle of each biennium.

During 2019, the WHO Mid-term Programmatic and Financial report

(https://apps.who.int/iris/bitstream/handle/10665/328787/A72_35-en.pdf?sequence=1&isAllowed=y) was presented to the World Health Assembly in May. Additional reporting on indicators was also available on the Programme Budget webportal: <https://open.who.int/2018-19/home>

The progress was measured based on indicators, as illustrated in the enclosed Table (see WHO-PI1–Table 1). Please note that reporting progress on indicators is not mandatory for the mid-term review.

Work continued to mainstream gender equality and the empowerment of women with the objective of achieving health for all. This is reflected across the PB 2018-19, including HIV, tuberculosis, polio, neglected tropical diseases, risk factors for noncommunicable diseases, mental health and substance abuse, violence and injuries, ageing, reproductive, maternal, newborn, child and adolescent health, integrated people-centred health services, health workforce, access to medicines and other health technologies, food safety and health emergencies.

We would however like to highlight four programmes because they are particularly pertinent to the UN-SWAP scope as defined by the sustainable development goals:

- “Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from prepregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth” (Output 3.1.1);
- “Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health” (Output 3.1.2);
- “Countries enabled to deliver older person-centred and integrated care that responds to the needs of women and men and to tackle health inequities in low-, middle- and high-income settings” (Output 3.2.2); and,
- “Development and implementation of policies and programmes to address violence against women, young people and children facilitated” (Output 2.3.3)

And the related indicators to be reported to WHO Member States in May 2020, are included in the enclosed Table 2 (see WHO-P11–Table 2). In this table, where progress has been reported in 2018 it is included under result.

Internal evidence base (non-Secretariat) – include attachments and page numbers

See attached

Internal assessment of progress using entity assessment methodology for reporting on its main strategic planning document

The mid-term reporting on the output and outcome indicators is not mandatory. But all budget centres, major offices (regional offices), programme areas and categories were required to submit a programmatic self-assessment report on the progress made in 2018. These reports informed the WHO Mid-Term Programmatic and Financial Report that was provided to Member States at the World Health Assembly in May 2019, and the additional information posted on the WHO Programme Budget webportal. The reporting template contained a section on Equity, Gender and Rights, extract from the 2018 reporting template:

“5. Equity, Gender and Rights

Purpose: This is to make emphasis on the mainstreaming of gender, equity and rights to WHO’s work for optimizing the achievement of results. This report will be used for reporting on UNSWAP indicators.

INSTRUCTIONS:

- Please provide 2-3 concrete examples of major progress during the PB 2018-19 implementation which can demonstrate effective mainstreaming of equity, gender and rights approaches. Please refer to the guidance on incorporating GER into the PB and the responses given by each programme area (GER mainstreaming in PB 2018-19-checklist)
- 2 to 3 examples. Maximum 300 words”

Specific SDG target(s) and indicators to which result contributes

- Goal 5/Target 5.2/Indicator 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
- Goal 5/Target 5.3/Indicator 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
- Goal 5/Target 5.5/Indicator 5.5.2 Proportion of women in managerial positions
- Goal 5/Target 5.6/Indicator 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- Goal 3/Target 3.7/Indicator 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
- Goal 3/Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Goal 3/Target 3.7/Indicator 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

Current UN system-wide contributions

- Access To Gender-Responsive Services
- Women's Engagement and Participation
- Norms and Standards

In regard to the ongoing COVID-19 crisis and its impact, please select the most relevant contribution from your organization in 2020 to the three overarching components of the United Nations response.

Narrative on results to be completed by all entities

1. What was achieved?

UN-SWAP TYPOLOGY: Norms and standards – SDG 5.1.1

In 2018, WHO continued activities to integrate gender, equity and human rights into health programmes, policies and plans and across all three levels of the Organization. Such activities included assessments of barriers to health services experienced by rural and other disadvantaged populations (for example, a pilot was conducted in Kenya and Nigeria of the adolescent health services barriers assessment tool, which provides methods to identify which adolescents are being left behind in accessing health services and why), and national reviews of health programmes including cholera response programmes, health promotion programmes, and maternal, child and adolescent health programmes. Health equity policy reviews at the country level have supported health ministries with evidence and policies in order to engage the whole of government in dialogue on gender, equity and human rights in health.

A country story

In the Dominican Republic, pregnancy in adolescents is a problem, particularly for young girls in vulnerable communities. There are approximately two million adolescents between the ages 10-19, constituting 19% of the country's total population. The current adolescent fertility rate of 96 births per 1000 women (aged 15-19) is the highest in Latin American and the Caribbean. Available data indicates that 22% of women between 12-19 years have been pregnant, far higher than the regional average, the Pan American Health Organization (PAHO) reports. In late 2017, the national programme to prevent pregnancy was reviewed by the Ministry of Health, PAHO/WHO and other partners. The review group used the WHO tool Innov8 for analysis; its equity-based methodology allows the evaluation and redesign of national health strategies and programs to close coverage gaps.

Innov8 focuses on:

- identifying groups left behind by current health plans or programmes;
- examining barriers and facilitating factors to enable effective coverage of programmes;
- understanding the social structural and intermediary determinants that generate social inequities in health;
- establishing intersectoral action and the degree of social participation to reduce inequities and ensure no one is left out;
- measuring and monitoring progress using an equity lens.

Specifically, Innov8 was used to identify groups abandoned by health programmes; to recognise barriers and facilitating factors; to find structural mechanisms that impact inequities; and to facilitate inter-sectoral action. Innov8 was also used to measure and monitor progress. In less than one year, the intersectoral team managed to complete the first seven steps of Innov8, fulfilling fundamental recommendations for the preparation of the new Prevention Plan for Adolescent Pregnancies 2019-2023. The updated plan aims to ensure the inclusion of the most vulnerable adolescent groups, reduces inequities and aims for lower pregnancy rates in this population.

UN-SWAP TYPOLOGY: Access to gender-responsive services –SDG TARGET 5.2.1 and 5.2.2

In the Western Pacific Region, countries addressed gender-based violence in curricula and training. Awareness on gender and equity was raised in a number of Talanoa – a traditional word used in Fiji and the Pacific to reflect a process of inclusive, participatory and transparent dialogue. Health workers were given training on gender-based violence in Kiribati, Solomon Islands and Vanuatu while the health sector response was assessed in Viet Nam and Micronesia. WHO also supported equity assessments in Cambodia, Mongolia and Viet Nam. In the African Region, six countries have national plans to accelerate female genital mutilation (FGM) elimination and 12 countries plan to use WHO tools to strengthen health system responses to gender-based violence and sexual assault.

UN-SWAP TYPOLOGY: Access to gender-responsive services –SDG TARGET 5.3.2 and 5.6.1

In the African Region, 22 countries were supported to mainstream gender, equity and rights into plans for reproductive,

maternal, newborn, child and adolescent health, by using the mainstreaming checklist. In three countries (i.e. Tanzania, Nigeria, Ethiopia), national authorities initiated an assessment of barriers to health services, including gender-related barriers as a result of this training.

Source: <http://open.who.int/2018-19/our-work>

2. How was the result achieved and how were barriers to promotion of GEEW overcome (e.g. inter-agency cooperation, strong partnerships, leadership by Member State)?

UN-SWAP TYPOLOGY: Norms and standards – SDG 5

UN-SWAP TYPOLOGY: Access to gender-responsive services –SDG TARGET 5.3.2 and 5.6.1

Three main approaches were used to achieve these results: (a) capacity building on assessment of barriers to health services, gender analysis, human rights-based approaches to health and health inequalities monitoring; (b) promoting ownership of national authorities and (c) technical cooperation with WHO country office. In each of these approaches, gender equality and the empowerment of women were a key component of the technical work. Also, cooperation with UN sister agencies on the implementation was conducted (e.g. UNICEF, UNFPA)

I. GENDER-RELATED SDG RESULTS / RESULTS-BASED MANAGEMENT



Performance Indicator:

PI2 Reporting on Gender-Related SDG Results

APPROACHING

2ai. Entity RBM system provides guidance on measuring and reporting on results related to gender equality and the empowerment of women.

WHO provides internal guidance on measuring and reporting gender equality and the empowerment of women results – in order to leave no one behind and deliver on the Sustainable Development Goals. The focus is to:

- “Promote the public availability of EGR-related data and evidence collected and analysed
- Establish independent and participatory processes to periodically review programme data, analysis and actions taken
- Make efforts to report and share data and evidence with international human rights bodies, as well as with gender equality and women’s empowerment monitoring processes across the UN system.”

2aii. Systematic use of sex-disaggregated data in strategic plan reporting.

Indicators used in the reporting of strategic results could be disaggregated in most cases (and they are available, e.g. <https://www.who.int/data/maternal-newborn-child-adolescent>); however, outcome and output reporting to Governing Bodies have not traditionally presented disaggregated data even when available. However, in most cases disaggregated data are publicly available in the Global Health Observatory, the Maternal, newborn, child and adolescent health Data portal, and other WHO databases. An example would be the flagship publications: World health statistics 2019 (https://www.who.int/gho/publications/world_health_statistics/2019/EN_WHS_2019_Main.pdf?ua=1), which in its introductions states,

“The 2019 report disaggregates data by WHO region, World Bank income group, and sex where possible, and it discusses differences in health status and access to preventive and curative services, particularly in relation to differences between men and women. Where possible, it indicates the roles of sex, as a biological determinant, and gender, as a social construct, in accounting for the observed differences as shown in the table below. Because the focus of World health statistics is on life expectancy, causes of death and SDG indicators, it does not capture some important health differences between men and women such as anaemia or other morbidities. In addition, the report summarizes national data and differences between countries, but does not undertake subnational analysis of the interaction between sex differences in health-related indicators and other factors such as household wealth, ethnicity and geographical location. Finally, there have been gaps in the datasets available for analysis, meaning that the analyses presented are not exhaustive. Nonetheless, it is hoped that the report will

raise awareness of some critical sex and gender differences in health outcomes, highlight the importance of those differences in the attainment of the SDGs, and encourage the roles of sex and gender to be systematically taken into account when collecting data, analysing health situations, formulating policies and designing health programmes”

Source: https://www.who.int/gho/publications/world_health_statistics/2019/EN_WHS_2019_TOC.pdf?ua=1 p. 1

Another example is the Health Equity Atlas for European countries, with 109 indicators disaggregated by sex, age and socioeconomic status. It captures within-country trends and current status on health equity

Source : <http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/inequalities-in-health-system-performance-and-their-social-determinants-in-europe>

In May 2019, the WHO Mid-Term Programmatic and Financial Report (https://apps.who.int/iris/bitstream/handle/10665/328787/A72_35-en.pdf?sequence=1&isAllowed=y) was presented to Member States at the World Health Assembly. The report includes details on initiatives which will contribute to achieving SDG5 including 5.6, for example innovations for safer childbirth that may reduce mortality, elimination of mother-to-child transmission of syphilis and cervical cancer, and states,

“An unacceptably high number of women and young children, mostly in low-resource settings, die every day of causes that can easily be prevented. Social, economic and environmental factors play a part. The life course approach aims to identify the factors that lead to inequitable health outcomes. It also considers how previous and future generations are interconnected. The overall goal is to promote health equity by protecting human rights and reducing gender inequalities.”

Source: WHO Mid-Term Programmatic and Financial Report p. 27

I. GENDER-RELATED SDG RESULTS / RESULTS-BASED MANAGEMENT



Performance Indicator:

PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan

NOT APPLICABLE

Explanation of why this rating has been given

WHO tracks spending on mainstreaming gender along with equity and human rights in its enterprise management system (ERP) GSM against Outcome 3.6. Attempts have been made to add a marker in GSM to facilitate tracking of resources that are spent on gender-equity activities outside of Outcome 3.6 but so far due to constraints in GSM, these attempts are still being developed and will be piloted by the Global Polio Eradication Initiative (GPEI) in 2020.

Specific SDG target(s) and indicators to which result contributes

Current UN system-wide contributions

In regard to the ongoing COVID-19 crisis and its impact, please select the most relevant contribution from your organization in 2020 to the three overarching components of the United Nations response.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT

**4bi. Meets the UNEG gender equality - related norms and standards.**

The WHO Evaluation Office leads the evaluation function in the Organization and strives to mainstream gender, equity and human rights concerns in the evaluations it commissions, manages, conducts and supports. The WHO Evaluation Practice Handbook, published in 2013, offers comprehensive information and practical guidance on how to prepare for and conduct evaluations in WHO, and on the utilization and follow-up of evaluation results and recommendations. In line with the guidance from UNEG, it has specific sections on how gender, equity and human rights concerns can and should be integrated into evaluations.

Nine evaluation reports published in 2019 were considered for this assessment, and after a preliminary review, eight were included for the final assessment using the revised score card from UN Evaluation Group for assessment of mainstreaming of GEEW concerns in evaluations for UN-SWAP 2.0 reporting. (The Evaluation of South East Asia Regional Health Emergency Fund (SEARHEF) - a 10-year milestone was excluded from the assessment as this evaluation was of specific mechanisms that did not offer opportunities for inclusion of GEEW concerns/analysis in its evaluations.) Five of those eight evaluations included in the final assessment were corporate evaluations commissioned and either managed or conducted by the Evaluation Office, and three were decentralized evaluations commissioned by various other offices within WHO.

The five corporate evaluation reports included in this review are:

- Evaluation of the utilisation of National Professional Officers (NPOs);
- Summative evaluation of the implementation of the WHO Geographical Mobility Policy during its voluntary phase;
- Evaluation of the WHO Neglected Tropical Diseases Programme;
- Country Office Evaluation: India; and
- Country Office Evaluation: Senegal.

The three decentralized evaluation reports included in this review are:

- External evaluation of the UNDP- UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction 2013-2017;
- Evaluation of tobacco control policies and programmes including implementation of the WHO MPOWER technical package in South East Asia Regional (SEAR) Member States; and,
- Evaluation of the WHO Africa Regional Programme on Noma Control (2013-2017)

Four of the eight evaluation reports were found to be 'meeting' requirements. The four reports that met the requirements also satisfactorily or fully met 3 relevant scoring criteria of integrating gender, equity and human rights concerns (in its scope/evaluation criteria, methodology and, findings/conclusions and recommendations). These are:

- Evaluation of the utilisation of National Professional Officers
- Summative evaluation of the implementation of the WHO Geographical Mobility Policy during its voluntary phase
- Country Office Evaluation: India
- External evaluation of the UNDP- UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction 2013-20

The four remaining evaluation reports were found to be 'approaching' requirements. Three of these reports, which approached requirements also satisfactorily met 3 relevant scoring criteria of integrating gender, equity and human rights concerns. While one report which approached requirement partially or satisfactorily met 3 relevant scoring criteria (Evaluation of tobacco control policies and programmes including implementation of the WHO MPOWER technical package in SEAR Member States). The details of rationale for scoring is given in the excel file (attached).

WHO has not conducted any evaluation of its corporate gender policy during the calendar year under assessment, and hence does not fulfill the 4th general scoring criteria in order to 'exceed' the requirement.


WHO is confronted with an increasingly complex global health agenda, which implies more needs, more stakeholders and more actors. This is reflected in the wide range of stakeholders engaged in the evaluation planning and data collection stages,

who are interviewed and/or invited to participate in online surveys. However, while evident that stakeholder participation in evaluation includes both men and women, gender representation data is not frequently available, given that listings of participants and interviewees do not capture their gender in many instances.

4bii. Applies the UNEG Guidance on Integrating Human Rights and Gender Equality in evaluation during all phases of the evaluation.

Overall, the evaluations managed or supported by the Evaluation Office are guided by the WHO Evaluation Practice Handbook (2013) which has specific sections based on the UNEG Guidelines to integrate gender equity and human rights concerns in evaluations. This Handbook is an important source of information for the programme as well as evaluation managers, which streamlines the evaluation processes by providing step-by-step practical guidance to evaluation in WHO in accordance with the UNEG's guidance material and, stresses the need to take into full account the complex nature of normative work. Furthermore, a WHO developed checklist to ensure the final product - the evaluation report - meets the expected quality based on UNEG guidance. WHO Evaluation Office also engaged UNEG representative as member of the ad hoc Evaluation Management Group, as in the case of the evaluation of the utilization of National Professional Officers, and ensures quality at the key stages of Corporate evaluations, including compliance with the UNEG guidelines.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

II. GENDER-RELATED SDG RESULTS / OVERSIGHT	
	Performance Indicator: PI5 Audit
	MEETS

5b. Based on risks assessments at engagement level, internal audit departments have developed tools for auditing gender equality and the empowerment of women related issues (e.g. policy compliance, quality of reporting etc.) and apply these as appropriate in all relevant audit phases.

a) Since 2014, "gender, equity and human rights" are systematically taken into consideration in independent audit risk assessment planning, with consultation with the GER team when appropriate. Additionally, the "Gender, Equity and Human Rights" (GER) budget center is included as a separate auditable unit (budget center) in the audit universe.

b) It is standard procedure to include specific audit tests on Gender, Equity and Human Rights related issues as part of the integrated audits. In 2017, the IOS methodology for GER review was revised in consultation with the GER team. In 2017, the GER tests were expanded to cover engagement in the inter-agency work on gender, equity and human rights; and cover seven data sets (policies/strategies, guidelines/tools, workplans, health information systems, publications, communication materials, and donor reports); specifically:

- 1) Gender analysis: Identification of and/or reference to differential risks, vulnerability, access and outcomes as a result of biological factors and/or social norms related to gender and/or sexual orientation.
- 2) Equity analysis: Identification of differential exposure to risk factors, vulnerabilities, and barriers to quality services, and outcomes, and consequences (including catastrophic expenditure and stigmatization) that sub-populations can experience.
- 3) Gender transformative action: Include provisions for mitigating and differential risks, vulnerability, access and/or outcomes experienced as a result of biological factors and/or social norms and/or sexual orientation and leading to transformative and sustainable change in gender norms, roles and relations.
- 4) Equity action, AAAQ: Includes provisions for ensuring sufficient quantity (availability), physical and information accessibility and affordability without discrimination (accessibility), adherence to medical ethics, confidentiality and sensitivity to gender, age and culture (acceptability), and global standard quality.
- 5) Reporting data disaggregation (by sex and at least two other variables).

c) Gender is also taken into account in operational audits, for example in the review of the recruitment process (Human Resources section). In 2017 an audit step was added in the operational audits to specifically include the review of "gender"

related issues in the recruitment process. In 2018, the audits tests also cover compliance with the WHO mandatory trainings on “UN course on Prevention of Harassment, Sexual Harassment and Abuse of Authority” and “UN Inter-Agency course: To serve with Pride – Zero Tolerance for Sexual Exploitation and Abuse by our own staff”.

d) Allegations of Sexual Exploitation and Abuse and Sexual Harassment are investigated as a priority by the Investigation unit of the WHO Office of Internal Oversight Services.

e) The Office of Internal Oversight Services maintains discussions with staff / gender focal points at various levels of the organization (Headquarters, Regional Offices and a selection of Country Offices) in relation to gender equality and the empowerment of women and discussions on risks related to gender equality and the empowerment of women.

Has your entity’s work in this field been impacted by the COVID-19 crisis and response?

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI6 Policy

MEETS

6b. Up to date policies and plans implemented on gender equality and women’s empowerment, including gender mainstreaming and the equal representation of women.

The GER team developed the strategy document Integrating equity, gender, human rights, and social determinants into the work of WHO: Roadmap for Action (2014–2019) (hereafter the Roadmap), which was guiding WHO’s mainstreaming efforts in 2019 in three main directions: 1) providing 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; 2) promoting disaggregated data analysis and health inequality monitoring; 3) providing 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. The Roadmap also speaks to equal representation of women in the Direction 1 milestones “Progress towards meeting the targets in the United Nations System-wide Action Plan (UN SWAP) requirements”. The Roadmap came to an end at the end of 2019, and the development of a new strategic document is underway.

In 2019, the GER team finalized two separate output-based scorecards; a programmatic one and a corporate one. With actionable, measurable and mandatory Criteria these will help the effective integration of gender, equity and human rights, into WHO policies, programmes and actions across the three levels of the Organization. Both are aligned with each other and with UNSWAP, and each will support the Output Delivery Teams in self-assessing and reporting on its standing with respect to the Criteria on an annual basis.

The GER dimension of the Programmatic Scorecard entails four attributes:

1) Data disaggregation and analysis: Health data are disaggregated by sex and at least another inequality dimension (e.g., age, education, place of residence) and that quantitative and qualitative data, policies and/or laws are analysed to identify populations experiencing disadvantage or discrimination (e.g., due to gender).

2) Reducing inequalities: Technical assistance to reduce inequities and high burden populations is conducted (e.g. through gender analysis of health services; health inequality monitoring and data disaggregation) and that the participation of stakeholders at global, regional national or community level is implemented and reported on.

3) Accountability for GER mainstreaming: Policy changes and/or advocacy actions are promoted and that accountability for mainstreaming gender, equity and human rights is clear and enforced by senior management (e.g. included in workplans of senior management).

4) Management – capacity and resources for mainstreaming: Mandatory training on mainstreaming gender, equity and human rights is provided to ALL staff and that at least one activity on mainstreaming is planned and funded during the biennium.

The GER dimension of the Corporate Scorecard entails three attributes:

1) Creating an enabling environment for mainstreaming: a) Data collection and analysis: Support the Organization's efforts to collect, analyse and report on disaggregated data; b) Analysis: Analysis of corporate quantitative and qualitative data to identify bottlenecks for implementation of gender, equity and human rights mainstreaming; c) Identification of entry points for strengthening human rights-based approaches and gender-responsiveness in WHO, including for supporting gender equality in the Organization.

2) Management for capacity building and resource allocation: a) Capacity building on mainstreaming gender, equity and human rights is planned, implemented and reported on; b) Resource are allocated in workplans to appropriately sustain capacity building on mainstreaming gender, equity and human rights; c) Raising awareness on and advocating for mainstreaming gender, equity and human in the achievement of outputs is conducted.

In 2019, the Scorecards were finalized by GER in coordination with the HQ Department of Planning, Resource Coordination and Performance Monitoring (HQ/RPRP), and piloted in selected Programme Areas, accompanied by capacity building, communication actions and consultation processes with participation from the three levels.

Furthermore, the Global Polio Elimination Initiative (GPEI) developed a Gender Equality Strategy in 2019, which the DG in his capacity as Chair of the Polio Oversight Board of the GPEI, endorsed in May 2019 at the Board's meeting. <http://polioeradication.org/wp-content/uploads/2019/06/POB-meeting-summary-may-2019-20190511.pdf>

Regarding gender parity in staffing, WHO's Gender Equality in Staffing Policy (2017) aims to achieve at least a 1.5% increase in the percentage of female staff at P4 and above every year during 2017-2022. It further outlines accountability mechanisms by highlighting the responsibilities of ADGs and RDs. An annual institutional reward is given to a department / Cluster in HQ or Regional/Country Offices for the most progress in promoting gender equality in staffing. (see PI 12) The implementation of the policy is led and monitored by the Implementation Advisory Group (IAG) on Gender Equality in Staffing, co-chaired by the DGO, and HQ Staff Association oversees policy implementation. HRD and other departments inform staff about the Policy and their responsibilities under the policy through various training and presentations across the three levels. Human Resources Management Department (HRD) produce regular reports with metrics on gender equality in staffing to determine progress and challenges. The report is reviewed by the IAG and disseminated throughout the Intranet and Internet.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI7 Leadership

APPROACHING

7a. Senior managers internally champion gender equality and the empowerment of women.

Dr Tedros Adhamom Ghebreyesus, WHO' Director-General, is an International Gender Champion and supports the IGC Panel Parity Pledge. He articulates his commitment to gender equality and women's empowerment internally as well as in external fora. For example, during EB meeting 2019 he mentioned gender as the Organization's priority.

In February 2019, the Polio Department held a seminar to share lessons learned over the last 12 months on mainstreaming gender into a technical programme. The DG's Senior Advisor on Gender and Youth as well as the Team Coordinator for Gender, Equity and Human Rights provided staff with an overview of WHO's work - technical and change management – and

encouraged others programmes to begin the gender mainstreaming journey. The workshop was recorded and made available to all WHO staff on the intranet and GPEI website. (<https://www.youtube.com/watch?v=e-rTS1oBIU&t=884s>)

In 2019 as part of the WHO Global Programme of Work (GPW), a new output indicator on gender (4.2.6 “Leave no one behind approach focused on equity, gender and human rights progressively incorporated and monitored) was instituted. In support of this indicator, the Director of Polio required that all senior managers (coordinators and team leaders) included gender in their annual workplan (called PMDS). To ensure compliance, a training course was held on “gender responsive leadership” in February 2019. (The report and email to staff are attached.)

Likewise, the new Output Balanced Scorecard includes a specific indicator for all programmes to report if the senior staff (P5 and above) include gender mainstreaming in their annual workplan (PMDS), which is used for assessing their annual performance.

At the 2019 World Health Assembly, the Member States approved the new GPEI Eradication Strategy, which includes gender as an enabling function of achieving eradication. The DG attended the discussions session and heard three Member States (Australia, Canada and UK) specifically reference the inclusion of gender in the new Strategy. The February 2020 Executive Board document on polio includes reference to gender in the GPEI as part of the 2019 update. http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_21-en.pdf

In Sept 2019, the WHO organized a high-level panel: “Breaking barriers: Enabling gender-responsive and equitable health systems to reach universal health coverage”, addressing gender and equity barriers to health. <https://www.who.int/gender-equity-rights/news/2019-unga-breaking-barriers-panel/en/>

In November 2019 in partnership with the United Nations Foundation and the Ambassador of the United Arab Emirates/UN NY, the DG’s Senior Advisor on Gender and Youth led a lunchtime event on “Reaching the Last Mile: Putting Gender Equality at the Center of Health Goals”, which featured polio eradication and the role of gender (event re-cap attached).

In November 2019 as part of the Transformation process, the DG met with Director, Polio and senior management to discuss staffing and priority areas. The DG specifically commended the department’s work on gender: “The Department is congratulated on its focus and leadership work in mainstreaming gender and is urged to both continue this work and encourage other Departments...”.

Advocates for gender equality and the empowerment of women in at least two of the following areas:

Has your entity’s work in this field been impacted by the COVID-19 crisis and response?

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI8 Gender-responsive performance management

EXCEEDS

8ci. Assessment of gender equality and the empowerment of women integrated into core values and/or competencies for all staff, with a particular focus on levels P4 or equivalent and above including decision making positions in all Committees, Missions and Advisory Bodies.

WHO sponsored 20 female staff members in 2019 to attend the Leadership, Women and the UN Course organized by the UNSSC. This course was attended by staff from different Major Offices in the grades of P4 and above. This initiative is being repeated in 2020-2021 and the objective is to give opportunity to another group of 50 female staff members in the grade of P4 and above to be trained in this area.

The WHO enhanced electronic-tool to evaluate performance (ePMDS+) includes the staff member’s self-assessment and

assessment by the staff member's supervisors of his/her contribution to the Organization's diversity targets, provided he/she is a supervisor/manager with hiring responsibilities. The planned target is set at the beginning of the year. In addition, in the ePMDS+, staff members evaluate themselves and are evaluated by their supervisors on how well they demonstrated the Mandatory WHO Competency "Respecting and Promoting Individual and Cultural Differences" which has explicit provisions for gender responsiveness (Understands and respects cultural and gender issues and applies this to daily work and decision making; Relates and works well with people of different cultures, gender and backgrounds.)

8cii. System of recognition in place for excellent work promoting gender equality and women's empowerment.

WHO's revised policy on Performance Management and Development – Recognizing Excellence was updated in September 2018 and there has been no further changes to that policy. When granting Performance awards on a yearly basis, the Director-General and the Regional Directors recognize one or more criteria. One of the criteria listed is Gender and Diversity, so that exceptional contributions to WHO's gender and diversity goals are recognized. In December 2019, WHO announced the recipients of the Awards for 2018-2019 and 42 % of the awardees were female staff.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

IV. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES



Performance Indicator:
PI9 Financial Resource Tracking

APPROACHING

9a. Working towards a financial resource tracking mechanism to quantify disbursement of funds that promote gender equality and women's empowerment.

WHO tracks spending on mainstreaming gender along with equity and human rights in its enterprise management system (ERP) GSM against Outcome 3.6. Attempts have been made to add a marker in GSM to facilitate tracking of resources that are spent on gender-equity activities outside of Outcome 3.6 but so far due to constraints in GSM, these attempts are still being developed and will be piloted by the Global Polio Eradication Initiative (GPEI) in 2020.

WHO emergency program and global health cluster have number of mechanisms to ensure progressive realisation of gender equality among emergency-affected population. Gender and Age Marker (GAM) is a one IASC mandatory tool used in country health clusters for gender equality monitoring. GAM is applied at individual project level, within each cluster. All emergency proposals and implemented projects should apply GAM regardless of the phase. GAM completion rates vary among emergency-affected countries. Overall, there is room for improvements under gender mainstreaming. (There is no global oversight of GAM completion rates for WHO projects across all emergencies, it is very much managed at country level)

Accountability towards emergency-affected population is also monitored via Health Cluster Coordination Performance Monitoring (CCPM), a tool supported by global clusters and OCHA. Among other core functions, CCPM monitors health cluster ability to incorporate age, gender, diversity, human rights, protection (including sexual and GBV), environment, HIV/AIDs, disability in to emergency needs assessment and gap analysis, enabling actions under gender equality. Compilation of global health cluster CCPM for 2019 is underway, where 15 out of 30 health clusters concluded the exercise. Preliminary results show 41% and 46% of health clusters across countries and regions have considered age and gender in their needs assessment and gap analysis respectively.

Global health cluster quality improvement Task Team QUITT, an initiative to improve quality of care in humanitarian settings also explores gender and equity. Quality improvement framework and toolkit is in the pipeline for the QUITT.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

IV. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES



Performance Indicator: PI10 Financial Resource Allocation

APPROACHING

10a. Financial benchmark is set for implementation of the gender equality and women's empowerment mandate.

Excerpt from the WHO Results Report Mid-term review 2018-19, reported to Member States in May 2019:

Of the USD 51 million budgeted for 2018-2019, USD 28 million were made available and USD 14 million were spent as of 31 December 2018 on mainstreaming of gender, equity and human rights, and the social determinants of health. Since the WHO has an integrated mainstreaming approach (gender along with equity and rights), these amounts reflect commitments and expenses for the three, integrated areas, not just for gender and gender equality.

Of the USD 210 million budgeted for 2018-2019, USD 166 million were available and USD 78 million were spent (37%) as of 31 December 2018 on reproductive, maternal, newborn and child health – that includes work about informed decisions regarding sexual relations, contraceptive use and reproductive health care, SDG target 5.6.2.

Of the USD 30 million budgeted for 2018-2019, USD 22 million were available and USD 10 million were spent (33%) on violence and injuries as of 31 December 2018– that includes work about intimate partner violence, SDG target 5.2.1.

Financial information for the full biennium will be available in May 2020.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

IV. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES



Performance Indicator: PI11 Gender Architecture

APPROACHING

11a. Gender focal points or equivalent at HQ, regional and country levels are: a. designated from staff level P4 or equivalent and above b. have written terms of reference c. at least 20 per cent of their time is allocated to gender focal point functions.

The WHO has Gender Focal Points in HQ, regional offices. In 2019, there were 19 appointed GFPs at headquarters (HQ) (5 men and 14 women) and at least one focal point in each regional office (RO), with some RO having more than one (e.g. PAHO, EURO, EMRO, WPRO). The majority of GFPs in HQ (all except three; one male and two females who are P3) are staff at P4 level and above. However, the terms of reference of none the GFPs indicate their function as GFP or their role/responsibility to mainstream gender in their work/department or any gender-related outcomes. Only the ToR of one GFP indicated that the incumbent would “lead the development of valid and reliable health policy and systems indicators; ensuring these are disaggregated by age, sex and socio-economic category and sensitive to human rights standards and principles, e.g. non-discrimination and equality, participation and inclusion, accountability and rule of law.”

On the other hand, the majority of ROs have dedicated staff on Gender (and equity and human rights). The majority of the GFPs in ROs (all except one) have ToR that extensively mentions their responsibilities related to gender mainstreaming. [WPRO: 1 Coordinator (P5), and 2 Technical Officers, Gender, Equity, Human Rights and Ageing (P4 and P3); EU: 1 Programme manager (P5), and 1 Technical Officer (P3); AFRO: 1 Medical Officer, Gender, Women's health and ageing (P4); SEARO: 1 Regional Advisor (Service Delivery Systems (P5)); EMRO: 2 Technical Officers (P5 and P4); AMRO/PAHO 1 Chief (P5) and 5 Technical staff (P4s and P3s). The WHO COs are generally small and therefore don't have focal specific points for gender.

It is important to note that the GFPs are primarily responsible for technical gender mainstreaming in the work of the WHO and not explicitly responsible for gender balance and gender parity, nor for monitoring the status of women and men within their organizations.

The WHO/HQ has a dedicated Gender, Equity and Rights (GER) team as the facilitating center for coordination of gender mainstreaming. The GER team provides leadership, capacity building and technical support towards systemic integration of gender, equity and human rights into the Secretariat's and countries' policies and programmes, in line with the commitments articulated in WHO's GPW13. The GER team is also responsible for facilitating the organization-wide GER FP network with the aim of encouraging and fostering cross-programme, cross-regional learning, experience sharing and support, and establishing a network of champions that continuously advocate and work towards comprehensive gender mainstreaming and women's empowerment. During the transformation process, the GER team was strategically located in the Office of DG, an indication of the high-level commitment of the organization to Gender, Equity and Human Rights. However, the staffing and resource allocation of the GER Team in DGO is still far from optimal to meet the needs and requirements: out of the 9 technical approved positions, 5 are vacant. [New organogram is attached].

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

IV. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES



Performance Indicator:
PI12 Equal representation of women

APPROACHING

12a. Plan in place to achieve the equal representation of women for General Service staff and all professional levels in the next five years.

WHO's Policy on Gender Equality in Staffing (January 2017) commits to achieve at least 1.5% increase in the percentage of staff at "P4 and above, every year for the next five years". It further details the actions to achieve this goal over the next five years. WHO's current Global Programme of Work 13 (GPW13 2019-2023) reiterates this goal in aiming for a workforce that is fit for purpose by increasing "diversity achieved by fostering gender parity ...across all levels of the Organization".

As of 31 December 2019, the representation of women in the professional staff category reached 45.8%. This is an increase of 0.4 % since the last reporting (31 December 2018). Parity has been reached at the P3 level (52% women/48% men) and at the USG level (48% women/52% men). Parity has also been reached in WHO HQ, WHO's office for Europe and WHO's office for the Western Pacific where women represent 50.8 and 53.8 and 49.7% of the professional staff category respectively. The percentage of female professional staff at P4 and above now stands at 43.5%.

At the general service level, the change has seen a slight increase (0.4%) in the representation of women which now is at 54.3%. Men represent 45.7% of general service staff.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

Gender parity data by level

	Female	Male
P1	5	3
P2	56	33
P3	211	195
P4	372	439
P5	295	386

D1	41	79
D2	16	26
ASG	0	0
USG	0	0

IV. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES



Performance Indicator:
PI13 Organizational culture

APPROACHING

13a. Organizational culture partly supports promotion of gender equality and the empowerment of women.

All staff members have a responsibility to contribute to the goals of the Organization, and to ensure that their conduct is consistent with the standards they are expected to uphold as international civil servants as described in the WHO Staff Regulations and Rules and the ICSC Standards of Conduct of International Civil Servants. As such, in addition to working with Human Resources and Talent department, representative from General Service staff were engaged in preparation of the report for the indicator.

The WHO Policy on Harassment provides mechanisms for informal and formal means of resolving complaints of harassment. <https://emanual.who.int/p03/s12/Pages/PolicyPreventionofHarassmentatWHO1122-4371.aspx>

1. The Code of Ethics and Professional Conduct: The Code reiterates WHO's ethical principles Integrity; Accountability; Independence and impartiality; Respect for the dignity, worth, equality and diversity of all persons; and Professional commitment. Responsibility for ethical behaviour and professional conduct lies with all staff at all levels, and must be taken seriously, as it forms the basis of WHO's reputation, and ultimately our credibility to fulfil our mandate. The WHO Code, launched in 2017, is intended to give staff, independent of location or grade, a greater understanding of the importance of their roles, and of the privileges and responsibilities that go along with working for WHO. In addition, the Code specifies expectations from managers, supervisors and from the Organization itself. The Code's principles also apply to individuals who collaborate with from managers, supervisors and from the Organization itself. The Code's principles also apply to individuals who collaborate with WHO, regardless of their contractual or remuneration status.

2. Policy on Preventing and Responding to Sexual Exploitation and Abuse: provides mechanisms to prevent sexual exploitation and abuse from happening from the outset by defining the conduct expected from WHO staff and collaborators, and to react and sanction it at any point. An act of sexual exploitation and/or abuse is serious misconduct and must be immediately reported to WHO whether it involves directly a WHO staff member or collaborator, another staff member of a UN agency or has been witnessed or otherwise brought to the attention of a WHO staff member, collaborator or UN partner. In addition, the WHO Office for Compliance, Risk Management and Ethics, established in 2014, also invested resources in: (a) the development of an ethics training package that will be mandatory for all staff; (b) revising WHO's policy on whistleblowing and protection against retaliation to reflect international best practices and internal changes; (c) launching an "Integrity Hotline" for all staff to be able to raise their matters in confidence. The Hotline is an independent and confidential service available to everyone, inside or outside WHO. This service reflects the Organization's commitment to an open working environment where people feel able to speak up about activities or behave development of an ethics training package that will be mandatory for all staff further the finalization of the WHO Code of Ethics and Professional Conduct.

Furthermore, WHO implements, promotes and reports on facilitative policies for maternity, paternity, adoption, family and emergency leave, and breast-feeding through its policy provisions in the WHO Human Resources eManual. The electronic system in the GSM is used to request the leave. The maternity leave policy was amended, offering important improvements as below: 1. Maternity leave is supplemented by 8 weeks additional special leave with full pay. 2. Fully paid daily time-off for all mothers to nurture their newborn child up to the child's 1st birthday. 3. Flexible working hours and requests for part-time

work will be granted for mothers wishing to continue to breastfeed beyond the child's 1st birthday and up to the 2nd birthday of the child. In addition to the above, a fund to support the temporary backfilling of staff members on maternity leave was discussed and developed in 2017 and will be implemented in early 2018. In 2014, an occasional teleworking policy for HQ and HQ out-posted offices was introduced, enabling staff to work from a home-based office up to three days per month, with first level supervisor's approval and at no cost to the Organization. A revised more gender responsive Human Resource Strategy was approved by the Governing Body in 2014, with "Diversity and Gender" as two of the cross-cutting principles.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

Implement, promote and report on facilitative policies for maternity, paternity, adoption, family and emergency leave, breast-feeding and childcare

(All policies can be found here: <https://emanual.who.int/p03/Pages/home.aspx>)

1. Maternity Leave: the total duration of maternity leave is of 24 weeks for a single birth, and in the case of multiple births, a period of 28 weeks. The total duration consists of a period of 16 weeks (or 20 weeks for multiple births) under Staff Rule 760.2 on Maternity Leave, supplemented by a period of 8 weeks special leave with full pay under Staff Rule 650. In 2018 WHO also established a maternity fund to support the temporary backfilling of staff members on maternity leave.
2. Time off for breastfeeding and nurturing: The Organization supports new mothers by providing them with time to breastfeed and nurture their child after returning to work (Up to the child's 1st birthday). All staff members returning from maternity leave will be entitled to fully paid time off on a daily basis up to the child's first birthday for the purpose of breastfeeding and/or nurturing. Supervisors are expected to be flexible when agreeing to the time off per day which best suits the mother and her child upon her return to work. Time off for breastfeeding and/or nurturing will be granted based on 2 hours per day where a staff member works 8 hours per day/40 hours per working week. At locations where the working day is less than 8 hours, the time off per day is granted on a pro-rata basis i.e. 25% of what is the regular full working day at the duty station. Where a working day is less than 6 hours, no time off will be granted. Time off includes commuting time. Staff members on part-time are entitled to time off only on days on which they normally work a full day. Where a staff member's part-time working day is less than 6 hours, no time off will be granted. No change to the staff member's individual full-time/part-time work schedule is required for this purpose. Time off is granted per work day and cannot be accumulated to take off a full day/half day(s). There is no entitlement to compensation for breastfeeding/nurturing time off on days the staff member takes annual leave or other leave. In such cases, full days of leave must be recorded.
3. Flexible working arrangements for breastfeeding mothers: From the child's 1st to 2nd birthday, on return to full-time work after the child's 1st birthday, staff members wishing to continue breastfeeding up to the child's 2nd birthday may request flexible working conditions for this purpose. Such requests will be granted subject to a medical certificate being provided to SHW/RSP from a duly qualified practitioner confirming that the staff member is breastfeeding. These flexible working conditions include the following options, or a combination thereof, and will be granted upon requests: Flexible working hours to allow mothers to breastfeed and/or express milk during the day as required; and/or Part-time work for breastfeeding. Part-time staff members will be paid salary and post adjustment, as applicable, in the same proportion that their actual working schedule bears to a full-time working schedule.
4. Breastfeeding facilities: When there is a breastfeeding facility on premises that provides private space and a refrigerator, staff members may use it during the workday to breastfeed, or to express and store milk. If in smaller offices breastfeeding facilities are not available, the staff member should contact the Head of the WHO Country Office (HWCO) or the DAF in the regional office so that an appropriate facility/room is made available with minimum facilities.
5. Adoption Leave – the duration of the leave entitlement has been increased from 8 to 16 weeks for adoption of one child; and from 8 to 18 weeks for adoption of two children or more.
6. Surrogacy Leave (III.6.19) – is established at 16 weeks duration for a single birth by surrogacy; and 18 weeks for multiple births by surrogacy.
7. Paternity Leave (III.6.17) – the duration for multiple births has been increased from 4 to 8 weeks for staff assigned to family duty stations; and from 8 to 12 weeks for staff assigned to non-family duty stations.

Implement, promote and evaluate policies related to work-life balance, including part-time work, staggered working hours, telecommuting, scheduled breaks for extended learning activities, compressed work schedules, financial support for parents travelling with a child, and phased retirement

(All policies can be found here: <https://emanual.who.int/p03/Pages/home.aspx>)

1. Study leave: up to 10 full-pay days a year are granted to all staff for training and research purposes, called the 5% staff development study leave. The 5% staff development principle may be considered as 10 days/80 hours per year dedicated to staff learning both internally and externally. The 5% principle applies to part-time staff in the same proportion as the working schedule bears to that of a regular full-time staff member. The staff member and supervisor agree to the optimum use of this time. The discussion takes place during the ePMDS discussions. The development plan is signed by both the staff member and the supervisor as part of the ePMDS process. If the Director-General is unable to grant special leave to a staff member, either at the Organization's expense or through recommendation to an institution for a fellowship, it is open to the staff member to apply for leave without pay under Staff Rule 655.

2. Duty travel with an infant: A mother who is requested by the Organization to undertake duty travel may be authorized by the officer responsible for initiating travel to travel with her infants whether they are breastfeeding or not. Duty travel with an infant may be undertaken by either parent, when a staff member is faced with exceptional circumstances, e.g., single parents, illness, or otherwise unavailability of the other parent. Requests will be considered if: i. The infant is 24 months of age or less; ii. The place of travel has conditions suitable for the infant using established hardship and security indicators; iii. Funds are available within the programme budget to cover the travel costs involved for the infant; iv. The staff member acknowledges and expressly agrees that the Organization does not assume responsibility for travel risks of the child (see disclaimer in III.20 Annex 6.B); v. A travel request is initiated and submitted for approval normally at least two weeks in advance so that insurance coverage for the infant is arranged as follows: death US\$ 20,000; permanent and total disability US\$ 200,000. WHO pays for the following travel expenses for travel of infants who accompany their parent on duty travel: i. 10% of the cost of the parent's ticket; and ii. 10% of the applicable per diem. No other travel expenses are paid by the Organization, in particular no travel expenses are paid for baby-sitters.

3. Part-time: WHO provides for the option of part-time employment. Staff members employed on a full-time basis may request to work on a part-time basis, subject to the exigencies of service and the agreement of their supervisor, normally for a minimum period of one (1) year and subject to extension by mutual agreement. The exigencies of service are paramount in the consideration of requests for part-time employment and there is no automatic right to part-time employment. Staff members may therefore be requested to return to full-time employment if the exigencies of service so demand and subject to receipt of two (2) months written notice.

4. Flexible Working Hours in HQ: Headquarters staff members follow a system of flexible working hours, which operates from Monday to Friday only, permits staff members to choose their own work schedule, in consultation with their supervisor. For this purpose the day is divided into two types of time: "core-time" (09.00 - 12.00 and 14.00 - 16.00) during which attendance by all staff is obligatory; and "flexi-time" (07.00 - 09.00, 12.00 - 14.00 and 16.00 - 19.00) during which staff may choose their time of arrival and departure. Within this framework, each staff member is required to work, with a certain degree of flexibility, 40 hours a week.

Promote existing UN rules and regulations on work-life balance with an internal mechanism available to track implementation and accessibility by gender and grade.

WHO tries to follow good practice and is able to track existing work-life balance policies such as part-time work, telecommuting, scheduled breaks for extended learning activities by gender and grade.

Periodic staff meetings by units are scheduled during core working hours and on working days of staff working part-time, with teleconference or other IT means actively promoted.

No specific policy on this, but WHO tries to follow good practice. In 2019, use of WebEx and other IT tools were actively promoted.

Regular global staff surveys

As part of the WHO transformation, staff pulse surveys were conducted in 2019.

Sexual harassment

The WHO Policy on Harassment provides mechanisms for informal and formal means of resolving complaints of harassment.

<https://emanual.who.int/p03/s12/Pages/PolicyPreventionofHarassmentatWHO1122-4371.aspx>

UN Ethics-related Legal Arrangements

1. The WHO Code, launched in 2017, is intended to give staff, independent of location or grade, a greater understanding of the importance of their roles, and of the privileges and responsibilities that go along with working for WHO. In addition, the Code specifies expectations from managers, supervisors and from the Organization itself. The Code's principles also apply to individuals who collaborate with from managers, supervisors and from the Organization itself. The Code's principles also apply to individuals who collaborate with WHO, regardless of their contractual or remuneration status.

2. The WHO Policy on Harassment provides mechanisms for informal and formal means of resolving complaints of harassment.

<https://emanual.who.int/p03/s12/Pages/PolicyPreventionofHarassmentatWHO1122-4371.aspx>

3. WHO's policy on Whistleblowing and protection against retaliation applies to all those (staff or other) who report, in good faith, suspected wrongdoing of corporate significance to WHO and may be subject to retaliatory action as a result.

<https://emanual.who.int/p03/s11/Pages/III115Whistleblowerprotection.aspx>

4. The Integrity Hotline gives people – not just staff within WHO, but also people outside the Organization – a confidential, free-of-charge channel to report concerns if they encounter instances of wrongdoing at WHO. The hotline is a key element of the WHO policy on whistleblowing and protection against retaliation, which entered into force in March 2015.

<http://intranet.who.int/homes/cre/ethics/integrity/>

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI14 Capacity Assessment

MISSING

Explanation of why this rating has been given

No capacity assessment has been carried out. However, in 2019, a mapping and needs assessment of GER FP in HQ was carried out to understand the level of knowledge and ongoing efforts on technical gender mainstreaming. The mapping demonstrated great needs and high demand for capacity development with regard to mainstreaming gender, as well as equity and human rights.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI15 Capacity Development

APPROACHING

15a. Working towards ongoing mandatory training for all levels of entity staff at HQ, regional and country offices.

The GER Team developed an Online i-Learn training on equity, gender and human rights (3 hours 30 min) that is available to all staff, interns and consultants. There is also a dedicated chapter on integrating gender, equity, human rights and social determinants into guideline development handbook, to ensure that gender, as well as equity and human right are mainstreamed in the guideline development processes.

The notion of mandatory training has been introduced at WHO in 2018. The first mandatory trainings include two United Nations courses: a course on the prevention of harassment, sexual harassment and abuse of authority and a course on the theme “To serve with pride: zero tolerance for sexual exploitation and abuse by our own staff”. Additional mandatory trainings might be considered in the future.

Trainings on GER tools for country level work have taken place in every region, for example in 2019 two regional training workshops took place in the African Region on how to integrate gender, along with human rights and equity approached, into programming, including supporting national authorities. The first workshop was attended by 9 countries and the second one by 6 countries.

Has your entity’s work in this field been impacted by the COVID-19 crisis and response?

VI. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE



Performance Indicator:
PI16 Knowledge and Communication

APPROACHING

16a. Internal production and exchange of information on gender equality and women’s empowerment.

Communications products on gender equality, women’s empowerment and the important role women play in public health are published on a regular basis as an integral component of internal and public information dissemination. (please refer to examples below). In addition, the WHO launches awareness raising campaigns such as the Orange the World Campaign to end violence against women and girls. Communications on information products and campaigns are disseminated and amplified via WHO social media and networks.

The WHO GER team also contributes to integrating gender in various flagship reports and leads or support events related to gender mainstreaming, gender equality and women’s empowerment. In 2019, the World Health Statistics disaggregated the data by sex, and the GER provided technical support to highlight the importance of sex and gender differences and elaborate on potential underlying reasons for any observed disparities. The UHC Monitoring Report also included a dedicated chapter on Gender, Breaking barriers: towards more gender responsive and equitable health systems, and organized an internal seminar on the report at WHO HQ. Similarly, the GER team co-organized events at the CSW and IWD in 2019.

WHO has strong principles in place to ensure gender neutral language and equal gender representation at events and in photos, among other. The Organization’s new focus on achieving the Triple Billion target and extending universal health coverage offers a great opportunity for WHO communications to highlight the importance of reaching ALL people.

The GER team also attended the 20th International Conference on AIDS and STIs in Africa (ICASA2019) in Kigali, Rwanda, where it presented its Handbook for conducting an adolescent health services barriers assessment (AHSBA) with a focus on disadvantaged adolescents. Panelists included youth activists Ajani Bless-Me and Natasha Nwansa as well as Faustine Ndugulile, Deputy Minister of Health of Tanzania and Patrick Ndimubanzi, State Minister in charge of Primary Health Care of Rwanda. Addressing barriers to services for adolescents to achieve UHC requires establish a global adolescent-friendly and responsive health systems including gender-sensitive and equity-oriented programs.

In 2019, the GER team sent out quarterly newsletters, with an on average percentage of opens of 33.7% that exceeded the industry average of 22.4%, reflecting that the newsletter is well-targeted to an audience with genuine interest in its content. Analysis of website analytics show that the GER website as well as the Gender Health Topic page that the team has developed point to consistent audience engagement with the themes of gender, equity and human rights, with a particular interest in gender.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?

VI. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE



Performance Indicator:
PI17 Coherence

APPROACHING

17a. Participates in an ad hoc fashion in inter-agency coordination mechanisms on gender equality and the empowerment of women.

The GER team attended the UN-SWAP Annual Meeting in New York and the IANWGE meeting in Rome in 2019. The WHO also attended International Gender Champions – Geneva network meetings.

In September 2019, WHO, together with other 11 multilateral organizations launched the Global Action Plan for Healthy Lives and Well-being for All to better support countries to accelerate progress towards the health-related Sustainable Development Goals. The Plan recognizes GEEW as essential to achieving health and wellbeing for all, and accelerate progress towards the SDGs. Accordingly, agencies, including WHO, have committed to consistently promote action on gender equality in all the Plan's accelerator themes.

WHO was also involved in the COP 25 and, among other things, participated in an event on "Gender and climate change" organized by the Ministry of Health and the Women's Observatory in Spain. Our colleague Isabel Yordi Aguirre, from EURO, represented WHO in that event. A summary of the event is attached for your information. Furthermore, WHO provided inputs to the Gender Action Plan that was approved at COP25, which makes explicit reference to the right to health.

The Global Polio Eradication Initiative (GPEI). The GPEI Management and Advisory Structure has a Polio Oversight Board (POB) and a Strategy Committee (SC) where all 6 partner are represented. . Through an inclusive and consultative process across the partnership, the GPEI ensures an inter-agency collaboration at all stages of development and implementation of programme strategies, In May 2019, the POB endorsed the GPEI Gender Equality Strategy 2019-2023. The Strategy provides direction and scope for advancing gender equality and strengthening gender mainstreaming in GPEI programme activities, as well as organizational policies and practices.


Within the Health Workforce Department two key mechanisms for inter-agency coordinations exist: 1) the ILO-OECD-WHO Working for Health Programme, established in response to resolution WHA 70.6 to operationalize the recommendations of the High Level Commission on Health Employment and Economic Growth (2017) and the 5-year action plan. The Commission's recommendation to "maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes" is being operationalized in country programmes. 2) the Global Health Workforce Network (GHWN) Gender Equity Hub brings together different agencies (i.e. ILO, OECD, Women Deliver, Save the Children, jhpiego, Rings, and many more) with an aim to accelerate large-scale gender-transformative progress to address gender inequities and biases in the health and social care workforce in order to achieve the SDGs. This collaboration led to the 2019 publication of the report "Delivered by Women; Led by Men", which was launched at 63 CSW side event co-sponsored by ILO, which highlighted the occupational segregation by gender, gender leadership gap, gender pay gap, and discrimination and sexual harassment bias that exist in the health and social workforce.


WHO supports the mainstreaming gender aspects in the different publications of the UNSCN. In the collaboration with FAO and other NUN agencies, we support that gender aspects are well reflected in the annual report of the State of Food Security and Nutrition in the world. The UN Decade of Action on Nutrition 2016-2025, declared by the UNGA and which is co-led by WHO together with FAO addresses all people everywhere, particularly women, as key stakeholders for success in eliminating malnutrition in all its forms; and gives special attention to women's empowerment when it comes to strengthening local food systems through policies and investments. (Work programme of the UN Decade of Action on Nutrition). The SUN Movement puts women and girls at the centre of its work, or at least in the narrative about its work. This can be seen in the narrative of its overall strategy 2016-2020 (P25). There are also gender indicators as can be seen in the MEAL indicator framework which includes an indicator on early marriages.


As part of implementation of the Global Plan of Action on Health Systems Response to Violence against Women and Girls and Against Children, in 2019, the RESPECT women: preventing violence against women framework, jointly led by WHO and UN Women, was launched and endorsed by 11 other agencies. It has received wide dissemination and uptake across agencies and across WHO with all 6 RDs and the DG speaking to it in a video. WHO also launched a curriculum for health workers to develop gender-sensitive health systems response to violence against women. WHO is also part of the Joint UN initiative on VAW data for SDG 5.2 and in 2019, WHO worked with UN Women, UNICEF, UNODC who are part of a technical working group convened by WHO on VAW estimates for SDG 5.2 monitoring and also participated in development of guidance on VAW administrative data for health with UN Women.

Has your entity's work in this field been impacted by the COVID-19 crisis and response?


VIII. World Health Organization ACTION PLAN YEAR


 P1 Strategic Planning Gender-Related SDG Results MEETS	Action Plan	N/A
	Responsible For follow up	Planning Resource Coordination and Performance Monitoring
	Resources Required	150000
	Use of Funds	75% staff and 25% activities
	Timeline	2020–2022


 P12 Reporting on Gender- Related SDG Results APPROACHING	Action Plan	N/A
	Responsible For follow up	Planning Resource Coordination and Performance Monitoring
	Resources Required	0
	Use of Funds	N/A
	Timeline	2020-2021


 P13	Action Plan	N/A
	Responsible For follow up	N/A
	Resources	N/A

Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan NOT APPLICABLE	Required	
	Use of Funds	N/A
	Timeline	N/A


 PI4 Evaluation MEETS	Action Plan	N/A
	Responsible For follow up	WHO Evaluation Office
	Resources Required	0
	Use of Funds	NA
	Timeline	2020-2022


 PI5 Audit MEETS	Action Plan	N/A
	Responsible For follow up	WHO Office of Internal Oversight Services
	Resources Required	0
	Use of Funds	No additional funds required. Part of IOS's work.
	Timeline	2020-2021


 PI6 Policy MEETS	Action Plan	N/A
	Responsible For follow up	– GER for strategy– HRD for implementation of gender parity strategy
	Resources Required	0
	Use of Funds	NA
	Timeline	2020-2021


 PI7 Leadership	Action Plan	N/A
	Responsible For follow up	– DGO and GER Team
	Resources Required	0

APPROACHING	Use of Funds	NA
	Timeline	2020-2021


 <p>PI8 Gender-responsive performance management</p> <p>EXCEEDS</p>	Action Plan	N/A
	Responsible For follow up	NA
	Resources Required	0
	Use of Funds	NA
	Timeline	NA


 <p>PI9 Financial Resource Tracking</p> <p>APPROACHING</p>	Action Plan	N/A
	Responsible For follow up	The Gender, Equity and Rights team will explore the possibility of working with the relevant departments in WHO to study the introduction of this marker. However, currently, there is no capacity to carry this out.
	Resources Required	0
	Use of Funds	NA
	Timeline	2020-2022


 <p>PI10 Financial Resource Allocation</p> <p>APPROACHING</p>	Action Plan	N/A
	Responsible For follow up	Planning Resource Coordination and Performance Monitoring
	Resources Required	0
	Use of Funds	As this is primarily a planning exercise additional resources may not be necessary
	Timeline	2020-2021


 <p>PI11 Gender Architecture</p> <p>APPROACHING</p>	Action Plan	N/A
	Responsible For follow up	GER, DGO, HRD
	Resources Required	0
	Use of Funds	NA


	Timeline	2020-2021
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 <p>PI12 Equal representation of women</p> <p>APPROACHING</p>	Action Plan	N/A
	Responsible For follow up	HRT, DGO, GER
	Resources Required	0
	Use of Funds	included in the budget
	Timeline	Annual increase during the period of GPW13

 <p>PI13 Organizational culture</p> <p>NOT APPLICABLE</p>	Action Plan	N/A
	Responsible For follow up	Human Resources and Talent department
	Resources Required	0
	Use of Funds	No additional resources
	Timeline	2020


 <p>PI14 Capacity Assessment</p> <p>MISSING</p>	Action Plan	N/A
	Responsible For follow up	GER, DGO, HRD
	Resources Required	0
	Use of Funds	NA
	Timeline	2020-2021

 <p>PI15 Capacity Development</p> <p>APPROACHING</p>	Action Plan	N/A
	Responsible For follow up	GER, DGO, HRD
	Resources Required	0
	Use of Funds	TBD
	Timeline	2020-2021

 PI16 Knowledge and Communication APPROACHING	Action Plan	N/A
	Responsible For follow up	DCO, GER, DGO
	Resources Required	0
	Use of Funds	NA
	Timeline	2020-2021


 PI17 Coherence APPROACHING	Action Plan	N/A
	Responsible For follow up	Gender, Equity and Rights team
	Resources Required	15000
	Use of Funds	Meeting with the partner agency for peer review: consultancy fees, travel costs, drafting and editing
	Timeline	2020


IX. SUPPORTING DOCUMENTATION


 PI1 Strategic Planning Gender-Related SDG Results	
GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
MEETS	
Category	Documents
Strategic Plan	PI1–GPW13 13th General Programme of Work 2019-2023
Strategic Plan	PI1–WHO Programme Budget 2018-2019
Strategic Plan	PI1–WHO Programme Budget 2020-2021
Other	PI1–Tables–WHO UNSWAP2019

 PI2 Reporting on Gender-Related SDG Results	
GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
APPROACHING	

Category	Documents
Other	PI2-EB146 Results framework-en
Other	PI2-GPW13 OUTPUT Scorecard one pager2
Annual report	PI2-LINKS-WHO UNSWAP 2019


 PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan	
GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
NOT APPLICABLE	
Category	Documents
	No documents uploaded


 PI4 Evaluation	
GENDER-RELATED SDG RESULTS / OVERSIGHT	
MEETS	
Category	Documents
Other	PI4-2019 UN-SWAP EPI Scorecard FINAL

 PI5 Audit	
GENDER-RELATED SDG RESULTS / OVERSIGHT	
MEETS	
Category	Documents
Other	PI5-Extract from the audit matrix - gender related tests 2018

 PI6 Policy	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
MEETS	
Category	Documents
Gender Policy/Plan/Strategy	PI6 2017 WHO Policy on Gender Equality in Staffing Policy final format 4Jan17


Gender Policy/Plan/Strategy	PI6–GER-roadmap
Senior level accountability mechanism	PI6–Draft Output Corp Scorecard 2019
Senior level accountability mechanism	PI6–Output Scorecard 2019
Gender Policy/Plan/Strategy	PI6–A healthier humanity - the WHO investment case for 2019-2023


 PI7 Leadership INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY APPROACHING	
Category	Documents
Meeting minutes	PI7 breaking-barriers-panel
Meeting minutes	PI7–B146 21-report provides an update on the status of polio eradication against the three key goals of the strategy and summarizes the remaining challenges to securing a lasting polio-free world
Meeting minutes	PI7–Flyer WHO Lunchtime Seminar 24 January Gender and Polio
Meeting minutes	PI7–Re-cap UAE Mission event in NY–Reaching the Last Mile
Meeting minutes	PI7–WHOleadershipWorkshopReport
Meeting/Workshop agendas	PI7–Trainingbriefing on genderresponsive leadership
Meeting/Workshop agendas	PI7–WHO Polio Senior Leadership training


 PI8 Gender-responsive performance management INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY EXCEEDS	
Category	Documents
	No documents uploaded

 PI9 Financial Resource Tracking	
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INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Other	PI9—EB146 Results framework-en


 PI10 Financial Resource Allocation	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Annual report	PI10—Midterm progress report 2018-2019
Other	PI10—WHO-A healthier-invetment case-eng
Other	PI10—Fig1
Other	PI10—Fig2


 PI11 Gender Architecture	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Other	P11—2019 GER updated organigram


 PI12 Equal representation of women	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Gender Parity Statistics	PI12—TABLE 1


 PI13 Organizational culture	
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INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
	No documents uploaded

	PI14 Capacity Assessment
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY
	MISSING
Category	Documents
	No documents uploaded

	PI15 Capacity Development
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY
	APPROACHING
Category	Documents
	No documents uploaded

	PI16 Knowledge and Communication
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE
	APPROACHING
Category	Documents
Other	PI16–Supporting documents links
Communication plan	PI16–communication-framework

	PI17 Coherence
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE
	APPROACHING
Category	Documents
Other	PI17 GPEI-Structure- org-chart-revised-20191206

Other	PI17 SR 20160901 ENG web pages
Other	PI17 state-food-security-nutrition-2019-en
Other	PI17-COP item13 gender
Other	PI17-GPEI Gender Strategy EN web
Other	PI17-WHO-RHR- RESPECT18.19-eng
Other	PI17-participants-handouts

UN-SWAP 2.0

ACCOUNTABILITY FRAMEWORK FOR MAINSTREAMING GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN IN UNITED NATIONS ENTITIES

FOR MORE INFORMATION ON THE UN-SWAP

PLEASE VISIT

<https://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability>

UNITED NATIONS SYSTEM COORDINATION DIVISION, UN WOMEN

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