

World Health Organization

WHO

2020 UN-SWAP 2.0

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

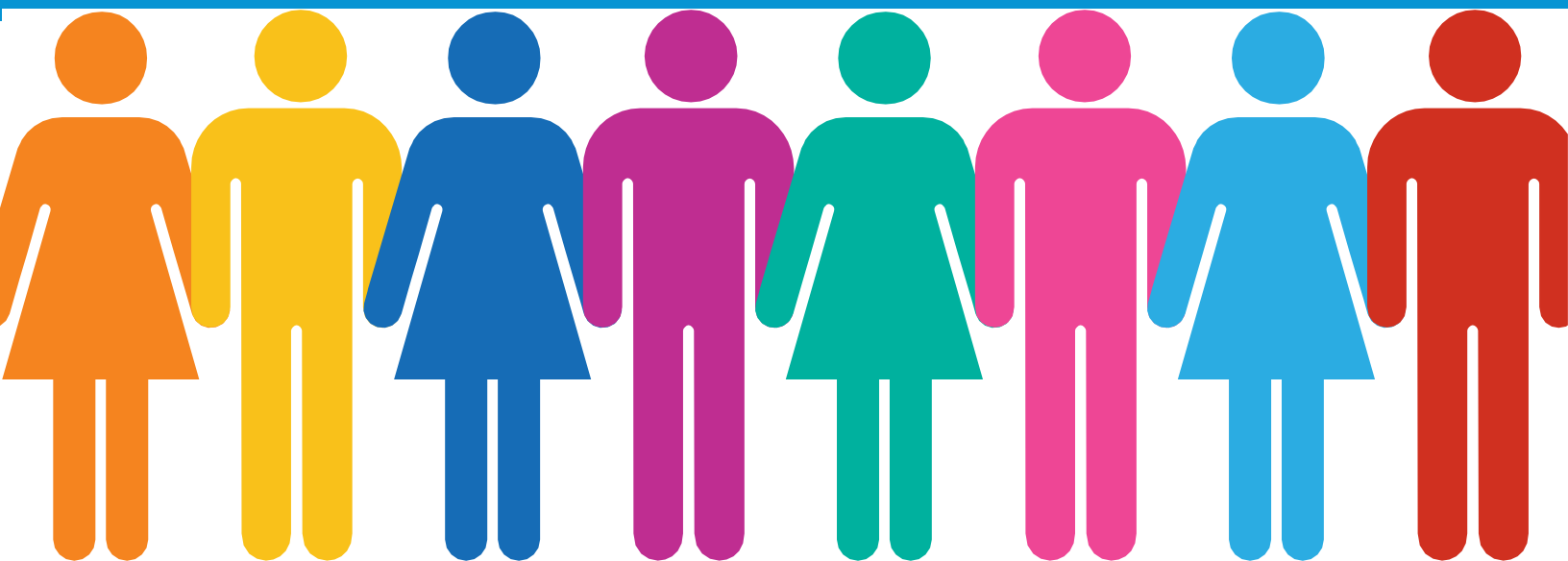


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I. BACKGROUND

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.

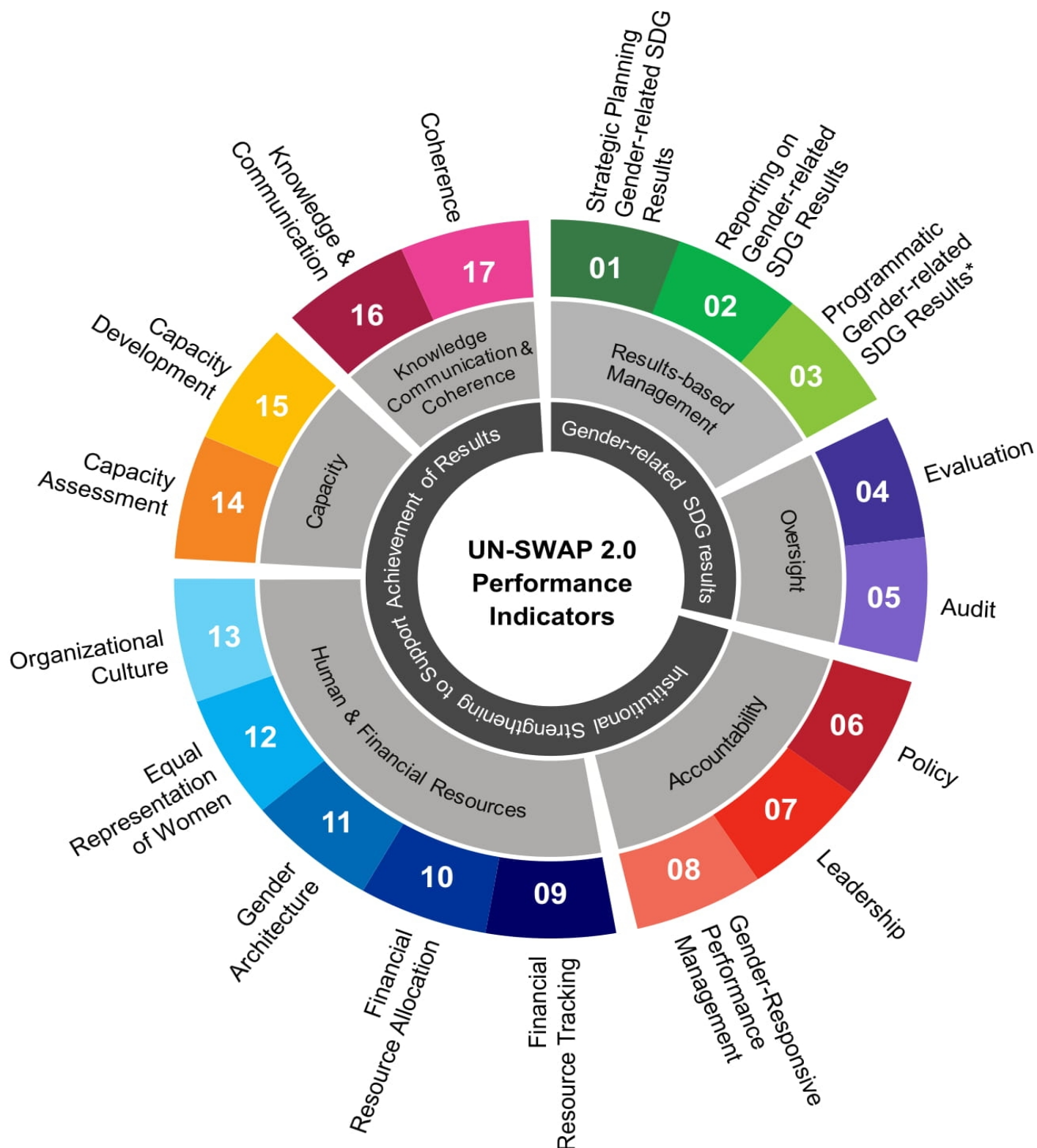
III. QUALITY ASSURANCE AND UN-SWAP 2.0 RESULTS REPORTING

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

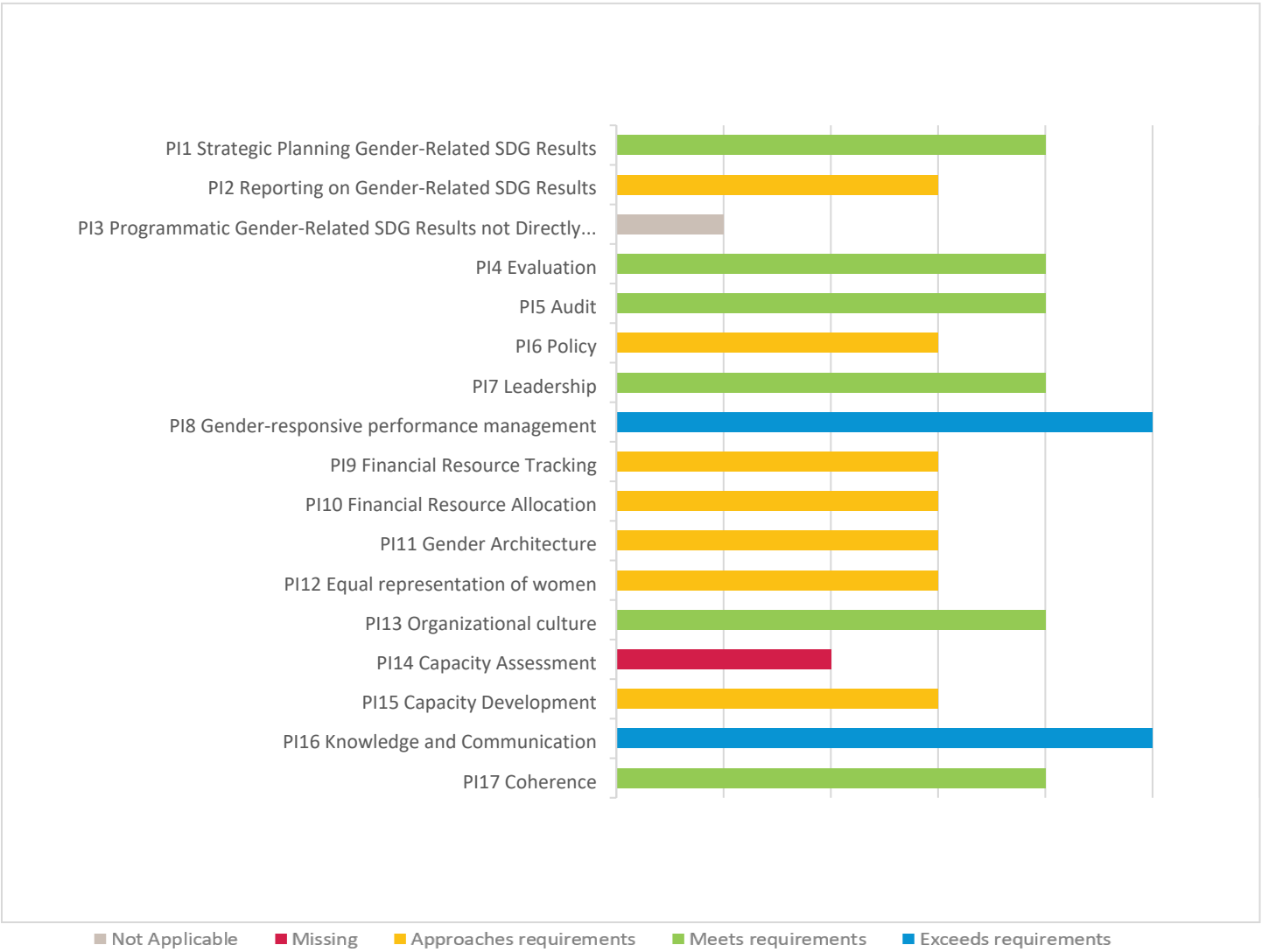
As stated previously, the HQ/GER unit coordinates the UN-SWAP reporting by 1) convening and informing the BOs about the process; 2) organizing one-on-one UN-SWAP Clinics with each BO to review progress from previous reports, follow up on previous remedial actions and discuss new ones; 3) providing guidance and support to BOs throughout the drafting process; 3) consolidating and reviewing the report; 4) internal consultation to obtain additional input from other levels and departments of the organization before final submission; and 5) ensure senior leadership support to the reporting process. The GER unit further creates a dashboard of the remedial actions for each year and communicates with BOs on a regular basis to offer support and follow up progress made. This dashboard is presented to senior leadership and management, and as of 2021 it will also be presented to Member States through the required annual report to Governing Bodies.

V. THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK



*not directly captured in the Strategic Plan

VI. WHO 2020 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT



VII. WHO 2020 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.

The 13th General Programme of Work (GPW) is the high-level strategic vision of how the work of WHO will be organized over the period 2019- 23. The strategy is firmly based on the Sustainable Development Goals (SDG) and reiterates “the Organization’s powerful voice for health and human rights is indispensable to ensure that no-one is left behind” (GPW13 p. 3). Gender equality is mainstreamed throughout the strategy; and also, as part of one of the three strategic shifts WHO has committed to step up its leadership in diplomacy and advocacy, gender equality health equity and human rights; multisectoral action; and finance to drive health impact in every country.

The results framework consists of three high-level strategic priorities and goals (Achieving universal health coverage, addressing health emergencies, and, health and well-being), and nine programmatic and three enabling outcomes. The impact of the GPW13 is measured by 46 outcome indicators, out of which 39 are identical with SDG indicators/targets. These were approved at the Seventy-second World Health Assembly in May 2019. In support of gender equality and women’s empowerment, the GPW13 is contributing to SDG targets 5.2, 5.6, 3.7 and 3.8, where specific indicators have been added to ensure that women are the targeted population for interventions (GPW target 5 increase coverage of essential health services among women and girls in the poorest quintile) – the 46 outcome indicators will be disaggregated by at least one key dimension of inequality to monitor within-country inequalities (Methods for impact measurement p.15).

The outcomes are the joint responsibility of the WHO Secretariat, Member States and partners. WHO Secretariat will report on the progress of the indicators and how the work is contributing to the strategic priorities in a detailed data base on the WHO webpage (please see <https://www.who.int/data/triple-billion-dashboard>).

The WHO Programme Budget (PB) is formulated in alignment with the GPW and presents the Organization's expected deliverables and budget requirements for a biennium. This is the tool allowing for more details on the results structure and the strategic shifts. The outputs are all integrated in nature and global as all offices across the three levels of the Organization contribute to them. With the Programme Budget 2020-2021, there was a shift from 30 outcomes and 99 outputs to a more focused approach with 12 integrated Outcomes and 42 integrated outputs.

The Secretariat’s contribution to the outcomes is measured in these 42 integrated outputs. The Gender, Equity and Rights unit (GER) was elevated to an enabling function, to support gender, equity and rights mainstreaming across all programmes and that mainstreaming will be monitored and reported by all entities through the balanced score card (more information further below). In the period 2020-21 the highest-level result on mainstreaming gender, for which the Secretariat is responsible for, is captured in Output 4.2.6 : “Leave no behind” approach focused on equity, gender and human rights progressively incorporated and monitored.

As a step in achieving this output and ensuring the effective and efficient mainstreaming of gender, all teams, units and outputs will be measured using a six-dimensional performance scorecard, one dimension of which is to measure the Impactful integration of gender, equity and human rights using a four-point scoring scale. Year-end review of the teams’, departments’ and units’ performance on mainstreaming gender will lead to managerial decisions on how to address potential issues and gaps in their performances.

With the submission of the provisional programme budget 2022-23 to the Executive Board in January 2021, Member States will be presented with a suggested revision to the outcome 1.1 to ensure that the Organization’s commitment to gender equality is reflected in its outcome statements: “Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status”. This is to ensure that efforts that the Organization are making is reflected at the highest level and that it captures the number of gender sensitive indicators that are used to measure the progress towards achieving the outcome.

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

Extract directly from main strategic planning document and include the results statement here

Extract from the 13th General Programme of Work 2019-2023:

Gender equality, health equity and human rights

By basing GPW 13 on the SDGs, WHO commits to leave no-one behind. The right to the highest attainable standard of health as expressed in WHO's Constitution underpins all WHO's work. WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities. WHO commits to gender mainstreaming including not only sex-disaggregated data,¹ but also bringing a gender lens to needs analysis and programme design. It will work for the rights of people with disabilities,² and marginalized or vulnerable groups (such as migrants, internally displaced persons, and refugees), and for freedom from discrimination.³ Responding to the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, WHO and the Office of the High Commissioner for Human Rights recently signed a Framework of Cooperation that spells out several ways in which the two agencies will strengthen their collaboration, including building capacity at country level to implement rights-based approaches, and strengthening the way in which health issues are considered by existing human rights mechanisms. WHO will seize opportunities to advocate for mainstreaming SDG 5 (achieving gender equality and empowering all women and girls). It will work to end all forms of discrimination against women and girls everywhere; to eliminate all forms of violence against all women and girls in the public and private spheres; and to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. It will also ensure that all work on UHC recognizes that a majority of health workers are women and that most informal care is provided by women.

(GPW13 p. 35)

For the period 2020-21 the highest-level result, for which the Secretariat is responsible for, is captured in the Programme Budget 2020-21 Output 4.2.6:

Output 4.2.6 "Leave no behind" approach focused on equity, gender and human rights progressively incorporated and monitored.

(Programme Budget 2020-21 p. 86)

Also relevant for the UNSWAP reporting 2020, is the Programme Budget 2018-19 that included the following outcome:

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 2018-2019 p. 87)

High-level result(s) on gender equality and empowerment of women

Extract directly from main strategic planning document and include the results statement here

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Achievement in year/s (Not mandatory in 2021)

2019 marked the end of the 12th General Programme of work 2014-2019 (GPW12) and the WHO Results report programme budget 2018-19 was the last assessment report on the Secretariat's deliverables under the GPW12. The report was made available to Member States in May 2020 and officially presented to the Seventy-third World Health Assembly (WHA73) that, due to COVID-19, was resumed in November 2020. The report balances achievements during the biennium with longer term health successes and provides an overview of challenges and lessons learnt. Highlighted successes are the decline in maternal deaths (38% fewer maternal deaths in 2017 compared with 2000) and the launch of the call to action to eliminate cervical cancer by 2030.

The outcome indicators and data measuring the results were made available on the WHO Programme Budget Portal: open.who.int/2018-19 before the WHA73,

The outcome indicator to measure the results reads:

The outcome indicator to measure the results reads: "Number of countries with data disaggregation for health inequality monitoring, including on gender inequality and other prohibited grounds of discrimination under human rights law".

The Global Health Observatory (<https://www.who.int/data/gho>) includes the Health Equity Monitor Database (<https://www.who.int/data/gho/health-equity/health-equity-monitor-database>), which currently includes data for more than 30 reproductive, maternal, newborn and child health (RMNCH) indicators, disaggregated by six dimensions of inequality (economic status, education, place of residence (rural vs. urban) and subnational region, as well as age and sex, where applicable). Data are based on more than 450 Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) conducted in 115 countries in 1991-2018. The Compendium of indicator definitions provides all the definitions and, when applicable, the disaggregation by sex (https://www.who.int/docs/default-source/ghouments/health-equity/health-equity-indicator-compendium-vjuly2020.pdf?sfvrsn=927c7420_2). The database is progressively being used to also address inequalities by sex and support gender analysis of health outcomes.

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 pre-pregnancy 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)

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

E.g. entity report on main strategic plan Report to the WHA73, WHO results report, Programme Budget 2018-19 (pgs 129-139)

Internal assessment of progress using entity assessment methodology for reporting on its main strategic planning document (Not mandatory in 2021)

E.g. not on track, on track, achieved

WHO reports to its Member States at World Health Assembly in May following the closure of the biennium, the biennium 2018-2019 was reported to Member States in May and November 2020.

For the biennium 2018-19, 318 top tasks linked to outcome 3.6 were approved in WHO's ERP system "GSM". In the end-of-biennium assessment, 225 were marked "completed", 44 were still "in progress", 36 were either "not started", "on hold" or "at risk". (internal data)

For the full summary of achievements for the biennium 2018-2019, which were presented to Member States in 2020, please visit the Equity, Social Determinants, gender equality and human rights results page:

<http://open.who.int/2018-19/our-work/category/03/programme/03.006/eba>

A short extract:

WHO worked to improve capacities across the Organization to integrate gender, equity, human rights and social determinants and support Member States to promote, design, and implement corresponding health strategies, policies and programmes. WHO HQ set up a global network on accountability-transparency in health systems with participation of UN agencies and civil society and coordinated development of a chapter on gender and equity in the "2019 UHC Monitoring Report". The specific dimension and scoring on 'gender, equity and human rights' was developed for the new "WHO Output Balanced Scorecard". Technical input was provided to highlight the importance of sex and gender differences in the World Health Statistics 2019. A tool was developed to assess barriers to adolescent health services and accompanying capacity building processes were conducted for more than 16 countries in collaboration with the African and Americas Regions.

In the African Region, 28 out of 47 countries are addressing equity, gender equality, human rights and social determinants in their health policies and programmes; country teams acquired barrier assessment skills, conducted adolescent health services assessment, and integrated gender, equity and human rights into reproductive, maternal and child health services and emergency situations.

Member States adopted the men's health strategy that, with the Strategy on women's health, forms a comprehensive gender and health framework in Europe. Support focused on 4 technical workstreams with uptake in 12 countries: gender and NCDs including health systems barriers and analysis of STEPs data, gender in long-term care, gender in sexual and reproductive health policies and responding to VAW. WHO provided significant support to monitoring of human rights treaty bodies. In the South-East Asia Region, a scoping review on gender-related barriers to NCD coverage was undertaken and country factsheets developed on gender and health, as well as on reproductive, maternal, newborn, child and adolescent health, the latter showing equity differentials for impact and coverage indicators. Member States reviewed the factsheets and developed country implementation plans. Member States were supported to develop/update national strategies on RMNCAH focused on equity, especially on those living in hard-to-reach areas and vulnerable groups. Country office staff capacity on GER was strengthened in Indonesia and Sri Lanka. Following a needs assessment conducted with the Government of Maldives, a multi-sector plan to address violence against women (VAW) was developed and technical support requested to strengthen the national capacities. WHO provided extensive technical support to the National Tuberculosis elimination programme in India to implement its gender mainstreaming strategy. In Indonesia, WHO supported the integration of gender and diversity concerns into WASH in health care facilities.

The Western Pacific Regional Office conducted workshops to support countries to prepare and implement intersectoral plans to address health equity issues. Gender-based violence (GBV) continues to be an area of focus in the region. In collaboration with UNICEF and UNFPA, WHO supported Vanuatu to build GBV response capacity among health workers who provide services to survivors. With support from WHO and stakeholders including UN Women, Kiribati worked to improve access to water and food-major social determinants of health--and promote gender equality. Solomon Islands, Vanuatu and Viet Nam used a gender equity lens to advance their gender-based violence work, identifying barriers to access, ranging from lack of female nurses, to lack of privacy and hygiene.

Moving forward, to measure the Secretariat's contribution to the achievement of the outputs and its performance an Output scorecard will be used on a yearly basis, first for the mid-term assessment (starting in January 2021 to assess the work in 2020) and at the end of the biennium (to assess the entire period of the Programme budget 2020-21). The results will be presented to Member States at the World Health Assemblies in May 2021 and May 2022; WHO results report Programme Budget 2020-21 mid-term review and WHO Results report Programme Budget 2020-21.

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

- Goal 5/Target 5.6/Indicator 5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- Goal 3/Target 3.1/Indicator 3.1.2 Proportion of births attended by skilled health personnel
- 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 3.1/Indicator 3.1.1 Maternal mortality ratio

- 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/Indicator 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
- Goal 5/Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Goal 5/Target 5.5/Indicator 5.5.2 Proportion of women in managerial positions
- 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 5.2/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

UN system-wide contributions to support the achievement of gender equality and the empowerment of women and girls in the context of the SDGs.

- Women's Engagement and Participation
- Eliminate All Forms Of Violence Against All Women and Girls
- Access To Gender-Responsive Services

Narrative on results to be completed by all entities

Example 1.

The World Health Assembly adopts a global strategy to eliminate cervical cancer by 2030.

Functional area: Access to gender-responsive services

Goal 5/Target 5.6/Indicator 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

The elimination contributes to 2030 Agenda for Sustainable Development, especially Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 5 (Achieve gender equality and empower all women and girls) and Goal 10 (Reduce inequality within and among countries); and data on the vaccine prevalence is reflected in SDG Indicator 3.b.1: Proportion of the target population covered by all vaccines included in their national programme (when the HPV Vaccine is included in the national programme).

Cervical cancer is a vaccine-preventable disease and is curable if detected early and adequately treated. Yet it is the fourth most common form of cancer among women worldwide, and the most common cancer among women living with HIV, who are six times as likely to develop cervical cancer. The WHO Director-General issued a Call to Action in May 2018, which argued for renewed political will to eliminate cervical cancer. A global strategy was developed and adopted by WHO Member States at the Seventy-third World Health Assembly through silent procedure in August 2020.

The strategy WHO's Global Strategy to Accelerate the Elimination of Cervical Cancer, launched in November 2020, outlines three key steps: vaccination, screening and treatment. Successful implementation of all three could reduce more than 40% of new cases of the disease and 5 million related deaths by 2050.

The strategy also stresses that investing in the interventions to meet these targets can generate substantial economic and societal returns. An estimated US\$ 3.20 will be returned to the economy for every dollar invested through 2050 and beyond, owing to increases in women's workforce participation. The figure rises to US\$ 26.00 when the benefits of women's improved health on families, communities and societies are considered.

2. The result was achieved through:

political commitment and leadership by Member States; firstly, recognizing that this severe public health problem with a significant burden of mortality and morbidity (estimate of 311,000 deaths worldwide in 2018, out of which 90% of these deaths occurring in LMIC), can be eliminated thanks to the availability of prevention measures, screening, treatment.

Secondly, to committing to the strategy to accelerate the elimination of cervical cancer. And also;

inter-agency cooperation and partnership with UN - IARC, IAEA, UNITAID, UNAIDS, UNWOMEN, UNFPA, UNICEF NGOs- CHAI, UIC

The Director-General, Dr Tedros Adhanom Ghebreyesus, call for action in May 2018 was followed by intense regional and country consultations that lead to the development of the global strategy to eliminate cervical cancer, adopted by the WHA in August 2020. Member States have now committed to implement interventions recommended in the global strategy to accelerate the elimination of the disease.

WHO will provide technical support to countries to implement the strategy and have developed a number technical guidelines (please see attachment).

WHO Secretariat will report to WHA in 2022 and 2025 on the progress of the implementation of the strategy.

Example 2:

Functional area: Access to gender-responsive services

Goal 5/Target 5.6/Indicator 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

A large clinical research study conducted in four African countries by an international research consortium, including the WHO Secretariat's Human Reproduction Programme, found no significant difference in risk of HIV infection among women using one of three highly effective, reversible contraceptive methods. Published in the Lancet, the study showed that each method had high levels of safety and effectiveness in preventing pregnancy, with all methods well accepted by the women using them. Combining this information with other available evidence, WHO released updated recommendations on the use of contraception by women at high risk of HIV infection.

2.The result was achieved through partnership and collaboration.

(HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, openlabel trial: Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium, Lancet 2019; 394: 303–13.)

COVID-19 crisis, response and recovery.

- Contribution to a recovery process addressing the climate crisis, inequalities, exclusion and gaps in social protection
- Contribution to address the socioeconomic, humanitarian and human rights aspects of the crisis
- Contribution to the delivery of a health response

In alignment with your previous selection, describe specific change in focus/direction of existing gender-related strategic work as well as new activities and deliverables in response to COVID-19.

COVID-19 has exploited and exacerbated pre-existing social and health inequities, including gender inequalities, and has reversed decades of progress on these fronts. More than ever, the COVID-19 pandemic dramatically illustrates the indivisibility and interdependence of all human rights and the need to develop a holistic, integrated response to the pandemic and other health issues. As the global community works on building back better, the Secretariat will contribute to building more resilient health systems in ways that accommodate and compensate for pre-existing inequities as part of the pandemic response, including during future outbreaks or pandemics. The lessons from the COVID-19 pandemic response underscore the need to strengthen the leave no one behind approach in the health sector response and socioeconomic recovery plans. The Secretariat has already adapted its work and will continue to support countries' leave no one behind-focused impact assessments, mitigation tools and technical guidance. The Secretariat will build capacity among national and local stakeholders in engaging, empowering and supporting communities in national and local COVID-19 response efforts. It will also optimize the role of community care workers in engaging with communities, including in surveillance, data collection efforts and community-based participatory approaches.

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 GER-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.”

On the reporting of the 13th General Programme of Work “Indicators will be disaggregated by key inequality dimensions (such as sex, age and location). Disaggregation dimensions and priority subgroups (e.g. vulnerable populations) will be identified globally for global-level monitoring and by Member States for national-level monitoring” (Methods for impact measurement p. 8).

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

The WHO Secretariat does not include sex disaggregated data in its results report to governing bodies (relevant for this reporting period is WHO results report Programme Budget 2018-19). The report format is not systematically including health data, instead the focus is a broad showcase of the work of the Organization during the biennium with examples of health impacts to highlight some areas of work, for example the reduction in maternal mortality and increase of proportion of infants being breastfed. However, sex-disaggregated data and reporting on the high level result on gender equality and the empowerment of women, which will contribute to meeting SDG5 and other SDG targets are included in a number of reports to governing bodies or made available in open access and widely distributed and used. Examples are, WHO’s Global Health Observatory (<https://www.who.int/data/gho>) with data on hundreds of public health related indicators, and the statistical reports from WHO programmes, which in many instances contains sex-disaggregated data. Most importantly, the Triple Billion dashboard (<https://www.who.int/data/triple-billion-dashboard>) tracks the work of WHO, countries, regions and partners to meet the Triple Billion targets set out in the 13th General Programme of Work and health-related SDGs.

The WHO Secretariat reports regularly to the governing bodies on progress on public health strategies that are implemented by the WHO Secretariat and its Member States. The following reports were submitted to the WHA72 and WHA73 and describe the contributions to SDG5, gender equality and the empowerment of women:

Progress report on the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) presented to the WHA72 in May 2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_30-en.pdf), summarizes progress and status in some health areas for women, children and adolescents, including efforts made by WHO to ensure availability to modern contraceptive methods and the necessity for concerted action to eliminate cervical cancer (SDG5, Target 5.6).

Progress report on Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets (resolution wha57.12 (2004)) (SDG5, target 5.6)

https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_32Add1-en.pdf

Progress report on Female genital mutilation. The Secretariat is working with Member States and international, regional and national partners to eliminate the practice of female genital mutilation and to improve the health and well-being of those living with the negative health consequences of the practice (SDG5, target 5.3). (A73/32 p. 16-17

(https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_32-en.pdf); and also,

Human resources: annual report – this annual Human resources reports to the governing bodies uses sex-disaggregated data and shows the Director-General’s commitment to the goal of gender parity (SDG5, target 5.5) with an increase number of women in P4 and above graded post (https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_21-en.pdf)

Contribution of technical departments: WHO, through the Polio Department (POL), is the lead agency that collects, analyses and reports sex-disaggregated data on the GPEI’s four gender-sensitive indicators as part of the GPEI Gender Equality Strategy. In March 2020, the POL department set up a PowerBI Gender Dashboard to further strengthen sex-disaggregated data collection. The Dashboard makes data easily accessible to enable more in-depth analysis through sub-regional, age and sex-disaggregation. In addition, the POL department established a Gender Data Working Group in August 2020. The Gender Data Working Group aims to provide technical assistance for the collection and analysis of sex-disaggregated data and other gender metrics in order to inform and guide programming and ensure that any sex and/or gender discrepancies found can be effectively tackled and addressed. It also discusses any relevant issues regarding statistical analysis, adjustments and/or revision of indicators. The Working Group also aims at strengthening cross department and cross agency collaboration involving staff from other WHO departments (e.g. IVB, WHE), WHO Regional Offices and UNICEF in the Working Group.

Other reports include:

The Global Health Statistics 2020 reports on the progress of health related SDG goals. One challenge that is highlighted in the report is the underrepresentation of women in senior management in the health workforce: “The sex distribution of health workers shows that, although women represent the majority of the health workforce, they are often under-represented at senior management levels”, the report states that this is one impeding factor to advancing Universal Health Coverage (GHS 2020 p. 3).

For approaching requirements, please select which requirement the entity fulfills:

To what extent does the entity communicate UN-SWAP results?

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

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

All programmatic and corporate results are included in the Programme Budget and, therefore, covered by PI-01 and PI-02.

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

UN system-wide contributions to support the achievement of gender equality and the empowerment of women and girls in the context of the SDGs.

COVID-19 crisis, response and recovery.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:

PI4 Evaluation

MEETS

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 (GER) 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. WHO's updated 2018 Evaluation Policy further emphasized integration of human rights and gender equality in all stages of evaluations.

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

The WHO Evaluation Office continues to focus its attention to gender equality and the empowerment of women (GEEW) concerns at the various relevant stages of the evaluations that it carries out and will provide guidance for decentralized evaluations to pay more attention to this dimension, through continuous interactions with the evaluation managers, through webinars, newsletters and short guidance notes.

Twenty-three independent evaluations undertaken in 2020 were considered for this assessment. After a preliminary review, 11 were included for the final assessment using the revised scorecard from UN Evaluation Group for assessment of mainstreaming of GEEW concerns in evaluations for UN-SWAP 2.0 reporting. Nine of those 11 evaluations included in the final assessment were corporate evaluations commissioned and either managed or conducted by the Evaluation Office, and two were decentralized evaluations commissioned by various other offices within WHO.

Of the remaining 12 evaluations not included, seven were still in progress at the time this assessment was conducted. Five evaluations were not retained as part of this assessment using exclusionary criteria: conducted under the auspices of the "hosted partnership" and its governance mechanism; purpose was on a limited organizational mechanism that did not offer opportunities for inclusion of GEEW concerns/analysis in evaluations; an internal evaluation for use only in WHO only and not published; or were not part of the Evaluation annual biennial workplan approved by the WHIO Executive Board and were not reported to the EB in the EVL annual report.

The nine corporate evaluation reports included in this review are:

- Initial evaluation of the Framework of Engagement with Non-State Actors
- Evaluation of the Global strategy and action plan on ageing and Health (2016-2020)
- Review of 40 years of primary health care implementation at country level
- Evaluation of WHO's work with Collaborating Centres
- Country office evaluation- Kyrgyzstan
- Independent mid-term evaluation of the WHO-Thailand Country Cooperation Strategy 2017-2021 (2020)
- Evaluation of a WHO Grade 3 Emergency: the Inter-Agency Humanitarian Evaluation of the Response to Cyclone Idai in Mozambique (2019-2020)
- Joint Evaluability Assessment of the Global Action Plan for Healthy Lives and Well-being for All (2020)
- Mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases (NCD-GAP)

The two decentralized evaluation reports included in this review are:

- Evaluation of Implementation of Regional Flagship Areas in the WHO South-East Asia Region 2014-2018
- Evaluation of the adaptation and use of WHO guidelines on Reproductive, Maternal and Newborn Health (RMNH) in the WHO South-East Asia (SEA)

Eight of the 11 evaluation reports were found to be 'meeting requirements' (range 7-9). All reports that met the requirements also scored 2 or 3 (satisfactorily or fully met the requirement) on all three scoring criteria of integrating gender, equity and human rights concerns (in its scope/criteria, methodology, and findings/conclusions and recommendations). By contrast, the three evaluations that have 'approached requirement' (range 4-5) have at least scored 1 in one criteria (meets the criteria to a limited extent).

The details for scoring rationale are 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". However, the WHO Executive Board in its decision to approve the 2020-2021 Evaluation Workplan in February 2020 (EB146/3) requested the addition of an evaluation of the integration of gender, equity and human rights in the work of WHO to be conducted during 2020-2021. In addition, in 2020, WHO conducted a UNSWAP peer learning exercise with the International Trade Center, including for PI.04 providing useful lessons.

Overall, the evaluations managed or supported by the Evaluation Office continue to use the UNEG standards to integrate gender equity and human rights concerns in evaluations.

What modality was used for the assessment?

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

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.

The Office of Internal Oversight Services (IOS) conducts a risk assessment to prepare its annual work plan. The risk assessment includes the “Gender, Equity and Human Rights” (GER) budget center as a separate auditable unit (budget center) in the audit universe. The WHO Office of Internal Oversight Services discusses with management (including gender focal points) at various levels of the Organization, as well as with other oversight functions, to identify and assess gender-specific risks. This information is used to ensure the inclusion of gender-related themes in the design of other broader assignments.

It is standard procedure to include specific audit tests on Gender, Equity and Human Rights related issues as part of the integrated audits (integrated audits represented 37% of the total internal audits conducted in 2019). In 2017, the IOS methodology for GER review was revised in consultation with the GER team. In 2017, the GER tests for WHO Country Offices (WCOs) 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:

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.

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.

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 related to gender, and/or sexual orientation and leading to transformative and sustainable change in gender norms, roles and relations.

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.

Reporting data disaggregation (by sex and at least two other variables).

Recommendations identified in the integrated audits are tracked using an audit software until they are formally closed by the Office of Internal Oversight Services. The auditees are required to provide comments and evidence on the actions undertaken to implement the recommendation (see also supporting documentation section-Annex I).

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 equality related issues in the recruitment process. Since 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”. Similar than for integrated audits, recommendations identified in the operational audits are tracked until they are formally closed by the Office of Internal Oversight Services (see also supporting documentation section-Annex I).

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. The 2020 Annual Report of the Internal Auditor to the World Health Assembly (A73/28) (which covers 2019 activities) includes a summary of the number of allegations received in this area. The report also notes that “The Office conducted a trend analysis of reports of concern received in 2019, particularly for allegations of sexual exploitation and abuse, harassment and fraud, with a view to understanding potential patterns and to help to devise preventive measures to curtail them” (see supporting documentation section-Annex II-paragraphs 63-64). In relation to the allegations of sexual exploitation and abuse linked to the response to the tenth Ebola epidemic in the Democratic Republic of the Congo, the Organization has appointed two distinguished leaders to co-chair an Independent Commission into the allegations.

The Annual Report of the Internal Auditor to the World Health Assembly systematically includes relevant gender equality findings identified during internal audits and investigations. Specifically the 2020 Report of the Internal Auditor (which covers 2019 activities) contains information in relation to the above paragraphs (see supporting documentation section-Annex II – e.g. paragraphs 21, 43.c, etc.). As part of the 2020 audits we have also identified gender related issues that will be described in the 2021 Annual Report to the World Health Assembly.

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI6 Policy

APPROACHING

6a. Policies and plans being developed on gender equality and women's empowerment, including gender mainstreaming and the equal representation of women.

The GER strategy Integrating equity, gender, human rights, and social determinants into the work of WHO: Roadmap for Action (2014–2019), which guided the gender mainstreaming in WHO and reflected the ambitions of meeting and exceeding the UN-SWAP requirements, come to an end in 2019. GER had plans to develop a new strategic document for 2020-2024, and the strategy to aligned with UN-SWAP objectives and indicators, to guide efforts to mainstream gender (alongside equity and human right) and women's empowerment across the different departments and levels of WHO, and to reinforce the commitments made in resolution WHA60.25 adopted in 2007. However, due to COVID-19 pandemic and other organizational changes the process was not commenced.

Other gender-related policies and strategies in WHO continue to guide the work. The Polio programme (GPEI) has a dedicated Gender Equality Strategy, committed to progressing towards gender equality and women's empowerment at all levels of the programme towards a polio-free world. In November 2020, the GPEI Independent Monitoring Board evaluated implementation of the Gender Equality Strategy following its adoption in 2019. The revision of the GPEI Eradication Strategy is ongoing and efforts are ensuring a proper accountability framework for the GPEI Gender Strategy, including a M&E framework.

Some of the WHO regional offices also have separate gender strategies. PAHO has a longstanding Policy on Gender Equality in Health since 2005, with associated five-year action plans against which Member States report. An updated Policy is planned in 2022. WHO EMRO was involved in the MoU that WHO signed with the Union for the Mediterranean in the field of women's access to health. The agreement promote the engagement of UfM Member States in women's empowerment, improving women's access to health and addressing violence against women. Particularly in this last point last November 2020, the UfM has labelled a joint WHO EMRO/EURO project that focuses on gender-based violence and the health sector. The project will contribute to improve countries capacities in preventing and responding to VAW as a key public health, gender equality and development issue, and supporting progress under the Agenda 2030 for achieving goals and targets of in particular SDGs 3 and 5. (See: <https://ufmsecretariat.org/ufm-who-join-forces-improve-womens-access-to-health/>; <https://ufmsecretariat.org/project/strengthening-capacity-public-health-violence-against-women/>). Furthermore, WHO EMRO supported development and update of national health policies, GBV strategies and protocols based on WHO guidance and the local context (Afghanistan, Iraq, Egypt and Pakistan), and in January 2021 launched the Arabic version of the of the "Clinical Management of Rape and Intimate Partner Survivors Guideline" (<https://applications.emro.who.int/docs/9789290223825-ara.pdf?ua=1>) and "Respect Framework for Preventing Violence against Women" (<https://apps.who.int/iris/bitstream/handle/10665/312261/WHO-RHR-18.19-ara.pdf?ua=1>).

WHO is also developing a diversity and inclusion strategy, wherein gender will be an important and crosscutting component. WHO has a Gender Equality in Staffing Policy since 2017 with specific targets (see PI 12), which also highlights the responsibilities of ADGs and RDs for accountability and includes the establishment of an annual institutional reward for units in a Region that has made the most progress in promoting gender equality in staffing. The policy also includes other recommendations for creating a gender-inclusive work environment.

In 2020, the GER team continued finalizing the output scorecards (a programmatic one and a corporate one) that with mandatory criteria to ensure the effective integration of gender, equity and rights into WHO policies, programmes and actions. The scorecard is aligned with the UN-SWAP and form the basis of any upcoming gender policy and support the Output Delivery Teams (ODT) in self-assessing and reporting on its standing on an annual basis. In 2020, the Output Scorecard was piloted by GER in coordination with the HQ Department of Planning, Resource Coordination and Performance Monitoring (HQ/PRP) across the three levels of the Organization, accompanied by capacity building, communication actions and consultation processes. The design of the GER Dimension of the Output Scorecard also included feedback and contributions from the regional offices. A similar complementary approach is also taken in other parts of the Organization, such as in PAHO,

which has its own Strategic Plan and related monitoring mechanisms for its cross cutting themes, including gender (see attached surveys).

The technical GER dimension of the Output Scorecard include four attributes (below) and 13 criteria (see attachment):

- 1) Data disaggregation and analysis:
- 2) Reducing inequalities:
- 3) Management for capacity building and resource allocation:
- 4) Accountability and organizational change:

The corporate GER dimension of the output scorecard entails three attributes (see below) and nine criteria (more detailed in the supporting documents):

- 1) Creating an enabling environment for the mainstreaming of gender, equity and human rights
- 2) Management for capacity building and resource allocation
- 3) Accountability and organizational change

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

The process of developing a gender strategy was intended to begin in 2020, which due to COVID-19 as well as other institutional challenges was not initiated. Given WHO's mandate, the pandemic also resulted in re-prioritization of work, directing capacity towards efforts combatting the pandemic.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI7 Leadership

MEETS

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

The WHO Director General, Dr Tedros Adhanom Ghebreyesus, is an International Gender Champion and supports the IGC Panel Parity Pledge. In 2020, he articulated his commitment to gender equality and the empowerment of women (GEEW) in several internal and external fora. One example includes the first dialogue between WHO Director General and Civil Society on COVID-19 which was dedicated to a gender-responsive approach to the pandemic, where the Director General committed WHO to take ten actions to achieve a gender transformative response to COVID-19. A second example is senior managers' efforts to internally champion gender equality in a panel discussion on "Women's Health and Addressing Gender Barriers in Health 25 Years into the Beijing Declaration and Platform for Action", organized on 4th March 2020 by WHO DG's Senior Adviser on Youth. The Director of POL also participated, showcasing best practices of the polio programme in gender mainstreaming. A third example is the considerable efforts made under the leadership of the Director-General on the occasion of the 2020 Year of the Nurse and Midwife to make funds available for the 9th WHO Global Forum for Government Chief Nursing and Midwifery Officers (GCNMOs) and the 8th Triad Meeting of WHO, the International Confederation of Midwives, and the International Council of Nurses, in order to welcome and provide professional experience to several trainees, mostly women, in an effort to champion GEEW for women who are health and care workers in remote, under-resourced areas. A fourth example, which is perhaps the cornerstone of efforts to internally promote GEEW, was the appointment of a new WHO director, Dr Suraya Dalil, a female leader, to the WHO Special Programme on Primary Health Care. Furthermore, to strengthen the internal architecture in WHO to lead the work on Gender, Equity and Human Rights (GER), a new organogram with two senior-level technical advisor (P5) positions and others were approved by senior management for action in 2020, which is a very concrete action to champion GEEW.

WHO Director-General is also a Gender Champion for Polio Eradication together with WHO DG's Senior Adviser on Youth and the GPEI Polio Oversight Board (POB) members. In March 2020, the GPEI formally launched the Gender Champion Initiative

for Polio Eradication, as an effort to build off the current movement by high-level, national and international gender champions and to highlight the role of gender in achieving polio eradication. Gender Champions commit to the GPEI Gender Equality Strategy and support its full implementation with concrete, measurable and publicly available commitments. In October 2020, on the occasion of World Polio Day, three Ministers joined the initiative. Through this initiative GPEI also aims at broadening the dialogue around gender and health using polio as entry point to talk about the larger role of gender in health and about the role of women in health.

In 2020, WHO GER also conducted an analysis of the Director-General's speeches. The analysis was drawing on primary data using a gender-sensitive qualitative methodology and analyzing 429 speeches delivered by Director-General from June 7th 2019 to December 4th 2020. Of the 429 speeches, 93 included an explicit mention of gender. The report highlights examples of how WHO DG has championed gender equality and empowerment of women in his speeches, and it will be used to propose a checklist or rubric to support DGs speech writers to integrate gender dimensions and champion gender equality and the empowerment of women in speeches in a more systematic manner.

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

- Articulate in a public speech or equivalent, other than a speech on International Women's Day, a clear vision of how the entity gender equality and empowerment of women mandate will be achieved
- Promote mentoring programmes on gender equality and the empowerment of women for in particular for the senior management team or equivalent.
- Advocate with other UN entities concerning the importance of promoting gender equality and the empowerment of women
- Promote equal representation of women in delegations to Governing Bodies, assemblies and/or intergovernmental fora

Please elaborate your selection below.

In 2020, the WHO DG raised issues related to gender equality and women's empowerment in several internal and external speeches. Given the context of the emerging pandemic, the DG repeatedly highlighted the gender implications of the COVID-19 pandemic, the disproportionate burden of paid and unpaid care on women, the important role and the heavy burden on women health care workforce, the alarming rise in intimate partner violence, and the continuous need for ensuring a gender responsive approach. In April 2020, DG Envoy for Multilateral Affairs Michele Boccoz advocated for women's empowerment at a session "Global Health Security: Delivered by Women During COVID-19 and Beyond". Find recording here: <https://www.youtube.com/watch?v=9At0j07G7-o> In May 27 2020, in a high level virtual dialogue "Transforming the Global Health Workforce through Gender Balanced Leadership", DDG Zsuzsanna Jakab and Her Excellency Ellen Johnson Sirleaf (WHO Goodwill Ambassador) advocated with Anita Bhatia of UNWomen for gender equality and the empowerment of women. Find recording here: <https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce#> In November 16, 2020, DG also highlighted gender equality and women's empowerment in a speech at Union for the Mediterranean Ministerial Conference on Women. DG Speech: Find recording here: <https://www.youtube.com/watch?v=KZIOrvuyO7Y> As part of the commemoration of the International Day on the Elimination of VAW on 25th Nov 2020, WHO DDG hosted a panel with senior Ministry of Health officials from 4 countries to highlight challenges and good practices in responding to VAW in the context of COVID-19. The DG recorded a video message for the world urging leaders and policy makers to include VAW response as part of the essential health services to be maintained during COVID-19 and joined other UN agency heads in an interagency video statement calling for efforts to mitigate the impact of COVID-19 on VAW. The DG together with UN Women ED and Rector of UN University co-authored a call to action on addressing gender equality and women's health as part of the 25th anniversary of the Beijing Platform for Action on Women's BMJ special series. In his speech for International Human Rights Day, DG also referenced the WHO advocacy and policy briefs on gender as well as VAW in the context of COVID-19. (attachment) WHO DDG also spoke at Forum for Generation Equality 1 December, as a principal level meeting by UN WOMEN to discuss strategic coordination with regards to Generation Equality DDG's (Speaking points are attached). In the WHO African Region, "Pathways to Leadership for the Transformation of Health in Africa" programme initiated in 2018 use various models, concepts and assessments on leadership to AFRO senior leaders, Directors and WHO Representatives. In order to reduce underrepresentation of female senior staff at WHO AFRO, an all-female cohort of 28 participants went through the leadership programme, as the first in the series of the initiative to promote GEWE for leadership in the Region. WHO EMRO Director addressed GBV in several occasion, particularly: in occasion of the RC 2020, where RD stated "The disruption [due to the pandemic] has created new interests and demands, ...rates of domestic violence against women and children have increased by as much as 60%". (Dr Ahmed El Mandhari, EMR Director. RC67 opening speech) 2020 was the International Year of the Nurse and the Midwife. Campaign highlighted that

nursing and midwifery are gendered occupations (estimated 90% women) and advocated that countries deliberately plan for gender-sensitive nursing workforce policies: <https://www.who.int/campaigns/year-of-the-nurse-and-the-midwife-2020>

Ensures that accountability mechanisms are enforced so that the entity reaches equal representation of women in staffing within an appropriate time-frame, in particular at the P4 or equivalent level.

WHO has a Policy on Gender Equality in Staffing (January 2017) which commits to achieve at least 1.5% increase in the percentage of staff at “P4 and above, every year for 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”. The Director-General pays special attention to gender parity for high level positions, the result of which can be seen in the progress made since last year. (please see PI12) DG has also publicly encouraged more balanced delegations as well as advisory and expert groups.

Prioritizes funds for achieving the entity’s gender equality and the empowerment of women mandate through advocating for additional funds, and/or reallocating internal funds, consistent with decision-making authority

In 2020, the Gender, Equity and Rights team was positioned in the office of Director General, illustrating his commitment to gender mainstreaming, gender equality and women's empowerment. However, while costs for gender, equity and human rights related activities are assessed and funding is allocated, due to some organizational challenges and unexpected changes, there has been a reduction of staff capacity working on gender mainstreaming activities in the Organization in 2020. Several remedial actions proposed in this report aims at strengthening the gender architecture to deliver WHO’s commitments. The Secretariat is also working to explore the possibility of creating a tag for expenses in line with the guidance from UN-WOMEN on gender markers. The development of a new enterprise management system in the coming years offers an opportunity to work towards this objective, which will help tracking investment in gender equality and women’s empowerment and identify gaps that need to be filled. The new organogram for WHO’s Gender, Equity and Human Rights Team, which approved the creation of two senior-level technical positions and others, was meant for action in 2020, meaning available budgeting for the positions.

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

As a result of the pandemic and given WHO’s mandate, capacity and resources had to accommodate for the growing need to address COVID-19 related priorities. This work included ensuring integration of gender mainstreaming and gender equality concerns into various COVID-19 related documents, speeches and work. The pandemic also prevented the expenditure of funds that had been secured to support the participation of female trainees and participants from remote parts of the world to attend the various international events and activities on the 2020 Year of the Nurse and Midwife. It also diverted efforts to act on the approved and expanded new Organogram for the Gender, Equity and Human Rights Team.

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 38 female staff members in 2020 to attend the Leadership, Women and the UN Course organized by the UNSSC. This course started in December and is being attended by staff from different Major Offices in the grades of P4 and above. This initiative is being continued into 2021 and the objective is to give opportunity to another group of at least 30 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 change to this 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. For the 2020 Awards for Excellence programme, while several female staff were nominated for a recognition for an Individual Award, the DG finally decided to recognize the entire WHO workforce for the excellent performance as a response to the challenges faced as a result of the COVID-19.

In 2020, the WHO Polio department committed to a team objective for gender in support of the GPEI Gender Equality Strategy, WHO's general Programme of Work and in addition to the 2019 PMDS gender objective for Polio Senior Management. This made Polio the only WHO department to have a department-wide gender PMDS objective. The department also foresees a discussion during a future management meeting on the learnings from the 2020 team objective on gender.

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

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, tracking of these resources are done under Output 4.2.6 "Leave no behind" approach focused on equity, gender and human rights progressively incorporated and monitored.

WHO is part of the UN Datacube initiative. In the operational planning of the Programme Budget 2020-2021, mandatory SDG target classifications were identified and linked to all toptasks and lower tasks (products and services). This has allowed to further identify financial resources going towards activities contributing to SDG5. Unfortunately, the full extent of resources towards gender equality and women's empowerment cannot be identified due to limitations in the ERP system (GSM).

Which type of scale is being used?

In which areas or budget sources does the entity apply the Gender equality markers?

The gender marker system is used for...

In which ERP is the gender marker system embedded?

Has there been guidance and training on the use of gender markers in the entity in the reporting year?

Which department is in charge of quality assurance of gender markers in the entity?

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

The Global Polio Eradication Initiative was supposed to initiate a pilot project to apply a gender marker in programming. The project was planned for the first half of 2020, but its implementation has not been possible to Covid-19 restrictions. WHO was looking at reviewing the lessons learnt from this project and to see the possibility to implement an Organization-wide Gender Marker. The GPEI, nevertheless, plans to carry out this exercise in the second half of 2021 if the conditions allow.

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.

Of the USD 50.55 million budgeted for 2018-2019 towards outcome 3.6 (PB2018-19) "mainstreaming of gender, equity and human rights" across the Organization, USD 33.6 million were made available and USD 14.2 million were spent as of 31 December 2019 on mainstreaming of gender, equity and human rights, and the social determinants of health (key figures under outcome 3.6). 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 230.2 million budgeted for 2018-2019, USD 173 million were available and USD 164.6 million were spent as of 31 December 2019 on reproductive, maternal, newborn, child and adolescent health – that includes work about informed decisions regarding sexual relations, contraceptive use and reproductive health care, SDG target 5.6.2. Of the USD 27.5 million budgeted for 2018-2019, USD 22.1 million were available and USD 21.3 million were spent on violence and injuries as of 31 December 2019 – that includes work about intimate partner violence, SDG target 5.2.1.

For the biennium 2020-2021, USD 14.2m (activity + staff) have been budgeted for Output 4.2.6 "Leave no behind" approach focused on equity, gender and human rights progressively incorporated and monitored.

In addition, USD 4.3 million have been planned against activity toptasks classified as advancing SDG5. As the salary workplans does not have a mandatory classification it is only possible to make the assumption that around \$17.2 million is used for staff advancing SDG 5 (salary component is calculated using a 80/20 split, 20 being the known activity cost) bringing the total to USD 21.54 million. In advancing other gender related SDGs, the Organization has planned \$28.1 million against activity toptasks classified as advancing SDG3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births) Using the 80/20 split would bring the total to \$140.5m (activity + the assumed staff cost). And planned \$14.9m against activity toptasks classified to advance SDG3.7 (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. Using the 80/20 split would bring the total to \$74.5m (activity + the assumed staff cost).

There are caveats in the calculations for 2020-2021 since many activities contributing to gender equality and women's empowerment are integrated into the outputs but not tagged to SDG5 as they may contribute to multiple SDGs but the budget centre has made the decision to classify only one SDG.

Regarding the question below on the financial allocation for GEWE to the dedicated gender advisors/specialists (not part of the gender unit and excluding staff cost), the current ERP system and available methodology does not allow to calculate the financial allocation for GEWE dedicated gender advisors and specialists outside of GER unit.

Please provide the following data on the financial allocations for gender mainstreaming in the entity for the most recent reporting period.

Financial allocation to the gender unit (excluding staff cost) for entities that have a gender unit or department.

5200000

Financial allocation for GEWE to gender advisors/specialists (not part of the gender unit) (excluding staff cost) for entities that have dedicated gender advisors or specialists with a budget line for their gender mainstreaming function

0

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

GER activities (like most of the core thematic carried out by the Secretariat) have decreased by 3% in 2020, due to reprogramming of funds and planned activities towards the COVID-19 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 WHO HQ and regional offices. In 2020, there were 20 appointed GFPs at headquarters (HQ) (5 men and 15 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. nondiscrimination and equality, participation and inclusion, accountability and rule of law.” A further three HQ gender focal points have gender focal point related objectives in their ePMDs+. 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 Technical Officer, Gender & Coordination (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 many of them do not have focal specific points for gender. However, in SEARO, 11 country offices have focal points for gender, equity and human rights mainstreaming and violence against women, with one such focal point (WCO Indonesia) working full-time on these issues. It is important to note that the GFPs are primarily responsible for technical gender mainstreaming in the work of the WHO and not responsible for gender balance and gender parity, nor for monitoring the status of women and men within the organization. There is currently no gender focal point in the Department of Human Resources and Talent Management though gender related activities are performed by a number of HR staff and strong HR policies are in place (see PI 13).

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: 5 approved technical positions, 1 pending, 2 approved admin positions.

Regarding the following questions, please note that the data on the total and GER unit staff figures are from 2019, as the 2020 are not yet available.

#The annual planned cost of the gender unit (i.e. HQ/GER) is USD 1.2 million, which corresponds to this structure: one P6 Team Leader, two P4 Technical/Programme Officers, one P3 Technical Officer, one G5 Team Assistant and one G3 Administrative Assistant. However, the actual cost (and thus the actual funding) is lower than the planned costs because the stability and continuity of the staff in the unit has been fluctuating.

##The total nr of gender advisors outside the HQ gender unit (i.e. HQ/GER) is as follows: 1 P4/P5 level officer in each of the six regional offices in charge of providing senior technical leadership, strategic advice and leadership for implementation at the regional level and in support of country needs. NB Some Country Offices have designated focal points to support gender-related work, particularly to transmit communication and serve as a channel of coordination with the regional officer. Also, please note that some RO are supported by junior officers (1-2 focusing also on human rights, equity, diversity and/or ethnicity).

###The staff cost for gender advisors outside of the gender unit (i.e. HQ/GER) is being estimated as part of the WHO Transformation process, and not currently available.

Total number of entity staff

8343

Total cost of all entity staff:

990606000

Total number of staff in the gender unit:

7

Total staff cost of gender unit

400000

Does the gender unit address GEWE issues only?

Total number of gender advisors/specialists (not part of the gender unit)

0

Total cost of dedicated gender advisors (not part of the gender unit)

6

Total number of gender focal points

20

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

Given WHO's mandate, the pandemic resulted in re-prioritization of work, directing capacity towards efforts combatting the pandemic, and an increase of workload for the GER team.



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".

Major Office 7/31/2017 7/31/2020

Male Female Total Percentage Male Female Total Percentage

Male Female Male Female

Africa 316 117 433 73.0% 27.0% 320 120 440 73% 27%

Eastern Mediterranean 157 54 211 74 % 26% 172 66 238 72% 28%

Europe 81 79 160 51% 49% 93 95 188 50% 50%

Headquarters 523 468 991 53% 47% 522 556 1078 48% 52%

South-East Asia 96 49 145 66% 34% 94 53 147 64% 36%

Western Pacific 87 57 144 60% 40% 74 71 145 51% 49%

Total 1260 824 2084 60% 40% 1275 961 2236 57 % 43%

This goal has been achieved as supported by the above numbers which reflect WHO professional staff on fixed-term and temporary contracts. The number of staff in professional positions has increased from 39.5% to 43% which reflects an increase of 4.5% over three years, i.e. about 1.5% per year.

As of 31July 2020, the representation of women in the professional staff category reached 46.9% and 52.6% in the general service category. While work still remains to be done in the national professional officer category, overall WHO now has 48% of women in their workforce. The figures below reflect both fixed-term and temporary staff members.

JOB CATEGORY 7/31/2020

Male Male Female Total Percentage

Male Female

PROFESSIONAL AND HIGHER GRADED STAFF 1631 1691 1491 3182 53% 47%

NATIONAL PROFESSIONAL OFFICER 781 839 510 1349 62% 38%

GENERAL SERVICE STAFF 1905 1775 1970 3745 47% 53%

TOTAL 4317 4305 3971 8276 52% 48%

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

Gender parity data by level

	Female	Male
P1	13	4
P2	121	74
P3	396	338
P4	530	676
P5	329	421

D1	43	75
D2	20	35
ASG	8	11
USG	0	1

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



Performance Indicator:
PI13 Organizational culture

MEETS

13b. Organizational culture fully supports promotion of gender equality and the empowerment of women.

WHO has invested into creating, fostering and promoting an organizational culture supporting gender equality as well as, more generally, diversity. This was undertaken so far not by devising one overall gender policy (which is still in the making as part of the mandate of the WHO Gender, Equity and Human Rights unit) but through a mainstreaming approach which aims at integrating gender and diversity aspects into a range of other policies and initiatives. These include:

- Policy on Preventing and Addressing Abusive Conduct (replacing current Policy on Prevention of Harassment and Sexual Harassment) – presented at the GSMC in October 2020
- Respectful workplace initiative – with 2021 being declared by the DG as the Respectful Workplace Year
- Task Force on flexible working arrangements – expected to present report in early 2021
- Development of the Diversity and Inclusion Strategy and Action Plan - to be published in early 2021
- Managed Mobility policy and simulation exercise - to be completed in early 2021
- Policy on Recognizing Excellence - reviewed and updated in 2020
- Enhanced Career Management support in form of workshops, counselling, mentoring and coaching programmes – delivered throughout 2020
- Career Paths Initiative
- Emotional Intelligence in the workplace initiative – launched by DG in 2020

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.

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: WHO 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. In addition, the WHO Office for Compliance, Risk Management and Ethics, established in 2014, also invested resources in: a mandatory ethics training package for all staff; a revised WHO's policy on whistleblowing and protection against retaliation and launch of an "Integrity Hotline" for all staff within WHO, but also people outside the Organization as 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.

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 crosscutting principles.

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

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. In 2018 WHO also established a maternity fund to support the temporary backfilling of staff members on maternity leave.

Time off for breastfeeding and nurturing: 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. Time off for breastfeeding and/or nurturing will be granted based on 2 hours per day where a staff member works fulltime or on a pro-rata basis.

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.

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.

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.

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.

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.

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 parttime 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.

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

Please see above where several of these policies were listed and explained.

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 parttime 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 2020, use of Teams and other IT tools were actively promoted, given the emerging needs in the context of COVID-19.

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.

please see above

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.

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/>

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI14 Capacity Assessment

MISSING

Explanation of why this rating has been given

No organisational wide capacity assessment was carried out in WHO in 2020 or previous years. 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 and identify areas for capacity development. Several WHO regional offices have carried out capacity assessment, such as PAHO, which carried out a capacity assessment amongst country office focal points and, on that basis, reviewed its virtual course offerings on gender and health in 2019/20.

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

- No

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

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 notion of mandatory training has been introduced at WHO in 2018. The first mandatory trainings offered to all staff, interns and consultants are two UN courses on the prevention of harassment, sexual harassment and abuse of authority and on zero tolerance for sexual exploitation and abuse by our own staff. WHO also has an Online training on equity, gender and human rights (3h30m), albeit not mandatory, which is available to all staff, interns and consultants.

The WHO GER team has also developed programmatic and corporate output scorecards, with one of the six dimensions focusing on gender, equity and human rights. The scorecards are accompanied by a set of Criteria to support programme areas to self-assess and improve mainstreaming of gender, equity and human rights in health policies and programmes at the WHO across the three levels of the Organization. Specific training was rolled out in 2020 to provide technical support about these tools.

Trainings on GER tools for country-level work take place in every region. In 2020, several regional training workshops and courses took place on how to integrate gender, human rights and equity into programming, including supporting national authorities with the use of dedicated programmatic tools (such as the Barriers tool and Innov8), self-standing and tutored virtual courses, and other methodologies.

In the WHO African Region, a three-week staggered bilingual online training on WHO gender mainstreaming approaches and barriers assessment was conducted in October 2020. It highlights how gender, equity and rights and other intersectional discriminations could constitute barriers to effective coverage, how to effectively identify prevailing barriers and steps for ensuring multi-stakeholders actions for addressing them.

In the WHO South-East Asia Region, training workshops for all staff on gender, equity and rights mainstreaming was conducted in the Indonesia, Nepal and Sri Lanka country offices. Training and capacity building sessions using WHO tools and training materials was carried out for all WCO FPs for gender, equity and rights and violence against women.

In 2020, WHO EMRO managed to push forward extensive capacity building on GBV, and in particular:

- o Train more than 5000 health providers in the region on first-line support and Clinical Management of Rape, including at the outset of an emergency and during COVID-19.
- o Integrating GBV into mental health curricula and activities (Iraq, Sudan & Syria)
- o Assessment of health facilities readiness to response to GBV in emergency (Afghanistan, Iraq, Pakistan & Sudan)
- o Development of GBV and Health Community outreach strategies (Syria)

In 2020, GER also supported integrating a module on gender mainstreaming in existing training of programmatic entities. In October 2020, the Immunization, Vaccines and Biologicals Department (IVB) in collaboration with POL organized two special events on gender in English and French as part of the Certification Course in Routine Immunization Activity Planning (GRISP), for more than 250 participants in each event. This was in response to a growing need by healthcareworkers in the field to mainstream gender in programmes.

A module on addressing human rights, gender equality and the political commitment to LNOB was developed in 2020 under the auspices of the UNSDG Task Team on LNOB, Human Rights and the Normative Agenda, Co-Chaired by WHO, UNESCO and OHCHR and was developed as part of the Advancing Human Rights-Based Approaches to COVID-19 workstream of the TT, supported by an interagency working group led by WHO and including UN Women, UNICEF, UN DESA, UNDP, OHCHR, UNAIDS, IOM and UNHCR (in collaboration with OCHA). Both the impacts of COVID-19 on women and girls and key recommendations on addressing gender equality and women's empowerment are addressed in the module.

A flag-ship initiative of the recent WHO transformation is the WHO Academy, which intends to revolutionize learning and capacity building for global public health. Once launched, the WHO Academy is meant to cater to both internal and external learning needs in a wide range of topics. Courses are already in production and the current course developers have taken part in a series of interactive support sessions on GER integration, designed and delivered by the WHO Global Gender, Equity and Human Rights Network. The idea going forward is to have all courses go through the GER integration process from the very start of developing the courses.

A WHO Global Learning Strategy is being developed alongside the first courses. This strategy builds on the principle of equity and will guide the future roll-out of the WHO Academy. An external advisory board is guiding the strategy development and their call for "big ideas" to be included received over 3000 responses (each between 450 and 500 words).

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

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



Performance Indicator:
PI16 Knowledge and Communication

EXCEEDS

16ci. Knowledge on gender equality and women's empowerment is systematically documented and publicly shared.

WHO regularly and proactively shares external communications around health and gender equality, particularly through highlighting the unique health challenges women and girls face. Whenever possible, these communications are gender-sensitive and draw attention to the gender dimensions of the issues. Each communications product or campaign generates a unique communications plan which highlights WHO's work on the triple billion targets, the foundation of WHO's Thirteenth General Programme of Work (please refer to examples below). Unique communications plans are aligned with the principles outlined in WHO's Strategic Communications Framework.

A key component of WHO's communications includes awareness raising campaigns, such as the Year of the Nurse and Midwife 2020, the Orange the World Campaign to end violence against women and girls, the 2020 World Hepatitis Day, which focused on calling attention to Hepatitis B and mother-to-child transmission, and a new global campaign to eliminate cervical cancer, among others. Communications on information products and campaigns are disseminated and amplified via WHO social media, newsletters, partnership networks and through new strategic private and public sector partners including Google, WhatsApp, Wikimedia, FIFA and others, and WHO ambassadors.

With the COVID-19 pandemic, WHO "Science, Solutions and Solidarity" communications strategy focused significantly on ensuring the public has WHO public health advice to change behaviour, suppress transmission and reduce deaths due to COVID-19, and highlighting the risks of health workers in the response, including disproportionate and undervalued role women play. A key target group of this communication was focused on raising awareness on key issues impacting women, including reported increases in violence against women, disruption in essential health services like sexual and reproductive health, as well as concerns for pregnant and breastfeeding women. Targeted communications were developed including a FIFA PSA campaign on violence against women, unique Q&As on COVID-19 related to breastfeeding, pregnancy or violence, a Facebook live on breastfeeding and COVID-19 with experts, and specific advocacy briefs on gender and COVID-19, to name a few.

In 2020, the World Health Statistics disaggregated the data by sex, and communications highlighted key causes of death where women are disproportionately impacted such as dementia and Alzheimer's. The WHO GER team provided technical support to highlight the importance of sex and gender differences and elaborate on potential underlying reasons for any observed disparities. Additionally, publications like the new physical activity guidelines, iron-fortification guidelines, and policy brief on Preventing HIV and other STIs among women and girls using contraceptive services in contexts with high HIV incidence included information unique to women, pregnant women and adolescent girls.

WHO organized several events in 2020 related to gender equality and women's empowerment including, a high-level dialogue on transforming the global health workforce through gender balanced leadership, which was hosted by WHO's Global Health Workforce Network's Gender Equity Hub. The Gender Equity Hub also launched a public consultation on a brief on gender, equity and leadership in the global health and social workforce. As part of many events related to the Year of the Nurse and Midwife, WHO hosted an event on midwives and nurses critical role in guaranteeing access to services during COVID-19. Additionally, as part of Beijing +25 and the Generation Equality campaign, WHO launched a new webpage highlighting our leadership role in the gender-based violence action coalition, as well as communications around the BMJ special series about progress on gender equality over 25 years.

WHO has strong principles in place to ensure gender neutral language and equal gender representation at events and in photos and videos, among others. As part of the Year of the Nurse and Midwife, and in other materials related to patient safety campaigns, WHO ensured both men and women were portrayed in a variety of health worker roles.

The GPEI as part of its Gender Equality Strategy has developed a Gender Communication Plan and disseminated it with

partners and colleagues in Regional and Country offices. The POL department periodically shares tools for gender sensitive communication at HQ and with Regional and Country offices. In addition, as of March 2020 the programme started a spotlight focus on women leaders that have contributed to the efforts of global polio eradication. The “Women Leaders in Polio Eradication” series aims to highlight women’s leadership and their roles across the polio programme, providing insight into their work and life. Furthermore, to recognize the critical role that women play in the fight against polio, the GPEI website also dedicates a space to give voice and visibility to women frontline workers in the field.

16cii. Communication plan includes gender equality and women’s empowerment as an integral component of internal and public information dissemination.

please see above: Each communications product or campaign generates a unique communications plan which highlights WHO’s work on the triple billion targets, the foundation of WHO’s Thirteenth General Programme of Work (please refer to examples below). Unique communications plans are aligned with the principles outlined in WHO’s Strategic Communications Framework.

16ciii. Entity is actively involved in an inter-agency community of practice on gender equality and the empowerment of women.

yes, as mentioned above, as part of Beijing +25 and the Generation Equality campaign, WHO launched a new webpage highlighting our leadership role in the gender-based violence action coalition, as well as communications around the BMJ special series about progress on gender equality over 25 years.

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

- Yes

(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

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



Performance Indicator:
PI17 Coherence

MEETS

17bi. Participates systematically in inter-agency coordination mechanisms on gender equality and the empowerment of women.

- WHO co-chaired a IANWGE Working Group on Gender and COVID-19, which produced an interagency gender checklist for the UN Framework for the Socio-Economic Response to COVID-19 (<https://www.unwomen.org/en/digital-library/publications/2020/07/ianwge-minimum-requirements-checklist-for-integrating-gender-equality-in-covid-19-response>). As well as being distributed to country office teams, the check list served as the basis for the establishment of COVID-19 MPTF criteria for assessment of proposals.

- WHO (through DDG) co-chairs the UNSDG Task Team on Leave No Behind, Human Rights and the Normative Agenda, which is charged with many tasks that incorporate a strong focus on gender equality. For instance, we are now working on updating this guide for UNCTs.

- UN Sustainable Development Group (2019). Guidance for UN Country Teams on Leaving No One Behind (draft version for piloting.) New York <https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>

- United Nations Interagency Network on Women and Gender Equality. “Rural Women and Girls 25 years after Beijing: critical agents of positive change” was jointly prepared by the United Nations Inter-Agency Network on Women and Gender Equality's (IANWGE's) Working Group on Rural Women and Girls, of which WHO is a member. This brief seeks to raise awareness about and promote opportunities for some of those left furthest behind: rural and indigenous women and girls. Globally, and with only a few exceptions, rural and indigenous women fare worse than rural men and urban women and men on every indicator for which data are available. <https://docs.wfp.org/api/documents/WFP-0000120322/download/>

- The Working for Health Programme, a joint intersectoral programme of work across ILO, OECD and WHO and its 5-Year Action Plan 2017-2021 with its commitment towards gender transformative policy to eliminate bias and inequality in the health labour market. See recommendation 2: <https://apps.who.int/iris/bitstream/handle/10665/272941/9789241514149-eng.pdf?ua=1>
- The POL/GPEI continues to ensure inter-agency collaboration at all stages of development and implementation of programme strategies through an inclusive and consultative process across the partnership. Throughout 2020, as part of the Equity Reference Group for Immunization, created by UNICEF and the Bill and Melinda Gates Foundation, POL/GPEI took part in a series of consultations to develop metrics to identify and monitor gender-related barriers to immunization, including polio eradication, that will serve as a baseline for WHO, UNICEF, GAVI, the Vaccine Alliance and Member States. Given the increasing awareness among immunization partners around the importance of addressing gender-related barriers to vaccination and improving women's participation in decision making and service delivery, POL/GPEI contributed to the forthcoming gender supplement for the Immunization Agenda 2030 and provided technical and strategic support around GAVI's Gender Policy (approved in mid-2020).
- UN COVID-19 Response and Recovery Multi-Partner Trust Fund: WHO has provided support and leadership when reviewing proposals for the UN COVID-19 Response and Recovery Multi-Partner Trust Fund (hereafter MPTF), especially the 2nd call for concept notes and proposals, experience from the Gender Equality Marker (GEM) trainings, and GEM Scoring. How COVID-19 has affected women and girls disproportionately and bringing in the data team to provide numbers donors requested (through the Data dashboard). Providing sex disaggregated case data has proven a challenge. The Minimum requirements checklist for integrating gender equality in the implementation of the UN Framework for the Socio-Economic Response to Covid-19, to which WHO contributed, largely informs the MPTF. This resulted in the MPTF supporting a strong gender focus and financial target (30%) for proposals with a strong gender equality focus.
- The WHO engagement in Beijing+25 is co-led at HQ by ADG Special Adviser to DG on Strategic Programmatic Priorities, Dr Princess Nothemba (Nono) Simelela, leading strategy and content, and by DG Envoy for Multilateral Affairs (EMA), Dr Agnès Buzyn, focusing on external political stakeholder management.
- WHO EMRO participated into the following working groups: IBC Gender & Justice, DRR Gender Task Force, GiHA, WHO GER Global Network, and supported the development and publication of interagency joint policy brief on GBV and COVID-19 in the Arab Region (<http://www.emro.who.int/violence-injuries-disabilities/violence-news/joint-un-policy-brief-on-violence-against-women-and-girls-and-covid-19-in-the-arab-region.html>), Gender and COVID-19 in the Arab Region (<https://arabstates.unwomen.org/en/digital-library/publications/2020/04/the-impact-of-covid19-on-gender-equality-in-the-arab-region>), COVID 19 and Essential Services Provision for Survivors of Violence Against Women and Girls (<https://arabstates.unwomen.org/en/digital-library/publications/2020/08/covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls>), and GBV Celebrity awareness campaign (<https://fb.watch/3i96SxUcs6/>)

17bii. Participates in a UN-SWAP peer review process.

Yes, In 2020, WHO also conducted a peer-review with ITC. The gender teams in each entity developed a clear plan, engaged with respective Business Owners in each organizations, convened bilateral engaging meetings and fruitful discussions. The process facilitated mutual learning and areas for future collaborations. The report of the peer-review process is enclosed.


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

- Yes


(If yes): Please briefly explain how the work has been impacted by the COVID-19 crisis, response and recovery

Given WHO's mandate, and the increase in workload created some delays in the initial anticipated timeline. However, despite the challenges, due to the commitment of the GER team to UN-SWAP and gender equality goals, the peer-review was successfully completed.


VIII. World Health Organization ACTION PLAN 2020


	Action Plan	With the submission of the provisional programme budget 2022-23 to the Executive Board in January 2021, Member States will be presented with a suggested revision to the outcome 1.1 to ensure that the Organization's commitment to gender equality is reflected in one of its outcome statements:
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<div>P11</div> <div>Strategic Planning Gender-Related SDG Results</div> <div>MEETS</div>		"Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status". This is to reflect the number of gender sensitive and women's empowerment indicators that are used to measure the progress towards achieving the outcome.
	Responsible For follow up	Planning, Resource Coordination and Performance Monitoring (PRP), Gender, Equity and Human Rights (GER), and Data, Analytics and Delivery for Impact (DDI)
	Resources Required	0
	Use of Funds	N/A
	Timeline	1 year (January 2022, start of the implementation of the Programme budget 2022-23)


<div>  </div> <div>P12</div> <div>Reporting on Gender- Related SDG Results</div> <div>APPROACHING</div>	Action Plan	WHO is committed to support Member States to make improvements in surveillance and health information systems including collection of inequality data. One of GPW13's nine technical outcomes, Outcome 4.1 Strengthened capacity in data and innovation, captures this commitment. Steps have been made to improve the data function and as part of the transformation process to align the Organization's organigram with its strategy, the division Data, Analytics and Delivery for Impact (DDI) was established in 2018. DDI will continuously support countries and WHO programmes with data gathering and analytics to further impact at country level and advance on the SDGs. Progress on the GPW13 indicators (including SDG5 indicators) will be made available on the WHO internet (https://www.who.int/data/triple-billion-dashboard) and presented to Member States in reports to the governing bodies. Action: When possible ensure clearer linkages to SDG5 and GEWE in the technical reporting to the governing bodies. With the introduction of the six-dimensional performance scorecard, all outputs will be measured on the "Impactful integration of gender, equity and human rights". The first attribute in the dimension is "data disaggregation and analysis" with a four-point scoring scale that should be used to self-rate its capacity for data collection, disaggregation and analysis by sex and inequality dimension with a rationale as to why these dimensions have been selected and included in the analysis. Year-end review of the teams', departments' and units' performance on mainstreaming gender will lead to managerial decisions on how to address potential issues and gaps in their performances. The result of the score card will be included in the Mid-term assessment report, Programme Budget 2020-2021 that will be presented to the 74th World Health Assembly in May 2021 and status of the mainstreaming of GER will be discussed with the Member States. Action: Training and capacity building on the Output Scorecard tool
	Responsible For follow up	PRP, GER, DDI and Member States
	Resources Required	150000
	Use of Funds	Staff and consultants to develop and implement training and capacity building on the Output scorecard.
	Timeline	2021

	Action Plan	N/A
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 <div>PI3</div> <div>Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan</div> <div>NOT APPLICABLE</div>	Responsible For follow up	N/A
	Resources Required	N/A
	Use of Funds	N/A
	Timeline	N/A


 <div>PI4</div> <div>Evaluation</div> <div>MEETS</div>	Action Plan	<p>Analysis/learning: In our sample, corporate programmatic, half of office-specific, and decentralized evaluations met GEEW and HR requirements. Evaluations that “approached requirement” regarding their overall score pertained to corporate thematic (organizational/institutional systems) evaluations. In addition, evaluations focusing on final/end-of-period stages of a programme met requirement whereas those focusing on early/mid-term approached. Despite the fact that WHO’s core mission is normative, the scope of WHO evaluations covers a full array of programmes as well as institutional processes and systems. A consistent issue requiring further clarification in UNSWAP is the extent to which a GEEW lens/criteria are appropriate for some evaluations given the nature of what is being evaluated. For example, under the third scoring category (Findings and Recommendations), point b. 'Do the findings include data analysis that explicitly and transparently triangulates the voices of different social role groups, and/or disaggregates quantitative data, where applicable?' seems more adapted to evaluations of programmes and policies than to organisational internal management processes and mechanisms. In addition, further clarity is required as to which GEEW/HR thematic areas/criteria (human rights based approach, vulnerability analysis, gender equality promotion, women empowerment) is to be considered in PI.04 scoring, and will depend on the purpose of the evaluation. When the subject matter does not directly lend itself to GEEW/HR mainstreaming, the analysis may emphasize the presence/absence of approaches that enhance human rights and gender promotion, for example seeking greater inclusion and participation, tailoring interventions to specific contexts, or promoting transparency and accountability which all contribute to HR and GEEW. Some evaluations included in the sample presented examples of good/emerging practice that can be considered in further efforts to mainstream GEEW and HR in WHO evaluations: The Review of 40 years of primary health care implementation at country level adopted a clear human rights lens throughout the evaluation, making explicit at purpose level what normative framework underpins the analysis and which dimensions of rights are included in the evaluation: ‘whether and how primary health care efforts had helped to achieve universal health coverage and Sustainable Development Goal (SDG) 3 (Ensure healthy lives and promote well-being for all at all ages) and its associated targets.’ In this respect, Primary Health Care’s role in the implementation of Universal Health Coverage (UHC) is three-fold: ‘(i) promoting financial protection/reducing household expenditure on health, (ii) quality services, medicines and vaccines, and (iii) equitable access (p.ii)’. This framework helps focus the evaluation findings on the contribution of the programme to the SDG and UHC agenda and the principle of ‘leaving no-one behind’. The Evaluation of a WHO Grade 3 Emergency: the Inter-Agency Humanitarian Evaluation of the Response to Cyclone Idai in Mozambique (2019-2020) includes gender disaggregation in its stakeholders’ list, without</p>

		<p>however presenting a further analysis of it. In most evaluations gender representation data is not available, given that listings of participants and interviewees do not capture their gender in many instances as it is here. The relevance and potential use of this approach could be considered in future evaluations. The Country office evaluation- Kyrgyzstan presents a strong analysis of context-specific health determinants and gender and human rights issues that underpins the design of the evaluation. This is also evident in the sub-questions and indicators in the evaluation matrix relating to inclusivity (of gender-related issues and covering all population, minorities, migrants), gender equality and empowerment of women and equity concerns and human rights. This contextualization of rights and gender equality issues provides a strong basis that carries through to the methodological approach as well as to the findings and recommendations sections. Actions to be undertaken by WHO Evaluation Office: In addition to analyzing and learning from good practices highlighted above, actions include to:</p> <ul style="list-style-type: none"> • continue focusing and enhancing mainstreaming GEEW and HR approaches in various relevant stages of evaluations carried out and to provide guidance for decentralized evaluations to increase inclusion of GEEW and HR : through greater attention to UNEG guidance in all phases of evaluation, continuous interactions with the evaluation managers, webinars, newsletters and short guidance notes. • update WHO Evaluation Practice Handbook in early 2021 further strengthening inclusion of GEEW and HR aspects in evaluations, offer practical guidance and disseminate it broadly across the Organization. WHO will develop a new Decentralized Evaluation Framework in 2021 to guide evaluations by programme managers in Regional/ Country Offices and technical programmes that will incorporate GEEW. • undertake a corporate evaluation of the Integration of Gender, Equity and Human Rights (GEHR) in the work of WHO -- planned for 2021 <p>Looking ahead, we highlight a broader issue whereby separate UN requirements for annual measurement/reporting for UNSWAP and now for UNDIS will need greater harmonization to avoid over-whelming staff, ensuring efficiencies, and to identify synergistic actions to achieve all respective goals.</p>
	Responsible For follow up	WHO Evaluation Office
	Resources Required	0
	Use of Funds	N/A
	Timeline	2 years


 <div>PI5</div> <div>Audit</div> <div>MEETS</div>	Action Plan	<p>The WHO Office for Internal Oversight will continue including the “Gender, Equity and Human Rights” budget center as part of the audit universe and may consider an audit of the budget center based on the results of the annual audit risk assessments. The WHO Office of Internal Oversight Services will continue to consider the potential value to conduct a specific audit of gender in the upcoming years, as it is understood that this is the outstanding element to obtain a rating of “exceeds requirements” in the PI5 Audit indicator. There will be an evaluation on gender equality and gender mainstreaming carried out by the WHO evaluation Unit in 2021, which may identify potential risk areas. The IOS will follow up and decide whether any of the identified risks warrants a dedicated audit of gender. The WHO Office for Internal Oversight will continue to review Gender as part of the audits of Headquarters (HQ),</p>


		Regional Offices (ROs), and WCOs technical programmes, as applicable. (responsible to follow up IOS)The WHO Office for Internal Oversight Services will strengthen consultation with the “Gender, Equity and Human Rights” HQ team, when required.The WHO Office for Internal Oversight Services will expand the reporting on gender issues in its Annual Report of the Internal Auditor to the World Health Assembly and will consider including a paragraph summarizing the gender related issues identified during the year and how these issues are dealt with or followed-up.The WHO Office for Internal Oversight Services and the HQ/GER Team will also organize a session in 2021 for capacity building or training on the linkages between the new Output Scorecard 2020-2021 and the GER section in the Audit Matrix. The purpose of this training is to continue the professional development of auditors, strengthen their expertise in mainstreaming gender issues and understanding the power of various assessment tools in the organization, particularly with the Output Scorecard.
	Responsible For follow up	IOS
	Resources Required	0
	Use of Funds	n/a
	Timeline	2 years


 <div>PI6</div> <div>Policy</div> <div>APPROACHING</div>	Action Plan	- In 2021, the WHO is continuing its work to develop an inclusion and diversity strategy, wherein gender will be a crosscutting component. - WHO will develop a process to develop a gender, equity and rights strategy, in line with the UNSWAP objectives and reflecting its commitments in WHA resolution 60.25 and WHO’s 13th general programme of work.
	Responsible For follow up	DGO/GER
	Resources Required	100000
	Use of Funds	For the process of developing the gender strategy, including cost for consultancy, consultations, and potential travel and meeting costs.
	Timeline	2 years

 <div>PI7</div> <div>Leadership</div> <div>MEETS</div>	Action Plan	- A checklist will be developed to help speech writers to ensure that gender, equity and rights dimensions are adequately addressed in the upcoming speeches. - The UN-SWAP performance will be an agenda item on WHO’s EB meetings as of January 2021 and note the remedial action(s) and a plan for the WHO to meet/exceed all indicators by 2023.- Determine the funds required for achieving WHO’s mandate on gender equality and gender mainstreaming through a strategic planning exercise involving strategic planning colleagues.- The DGO/GER will organize unconscious bias training for senior managers in 2021-2022.- A Steering Committee for gender equality and the empowerment of women will be established within WHO, chaired by the highest level possible, with members including UN-SWAP
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		business owners and other key staff responsible for promoting gender equality.- The new Organogram for the GER Team will be activated in 2021 to expand the Team and appoint Senior-level positions within it.
	Responsible For follow up	DGO/GER
	Resources Required	0
	Use of Funds	n/a
	Timeline	2 years


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

 <p>PI9 Financial Resource Tracking</p> <p>APPROACHING</p>	Action Plan	<p>- WHO Secretariat will look at best practices in other UN agencies and review options for improvement to ensure that activities contributing towards GEWE/SDG5 are properly quantified for in the operational planning of the Programme budget 2022-2023 (starting in Q3 2021). - Train managers on including GEWE/SDG 5 classification when relevant in their workplans in the operational planning of the Programme Budget 2021-2022. - Review the possibility to include a gender marker in the system requirements for the development of the new ERP system (to replace the current GSM).</p>
	Responsible For follow up	PRP/IT/GER
	Resources Required	100000
	Use of Funds	Investments in IT tools and trainings
	Timeline	2 years


 <p>PI10 Financial Resource Allocation</p>	Action Plan	WHO Secretariat will look at best practice in the other UN agencies and review options for improvement and the possibility to include a benchmark for GEWE with the operational planning of the Programme budget 2022-2023 (starting in Q3 2021).
	Responsible For follow up	PRP, GER


<div>APPROACHING</div>	Resources Required	50000
	Use of Funds	Dedicated consultant
	Timeline	2 years


 <div>PI11</div> <div>Gender Architecture</div> <div>APPROACHING</div>	Action Plan	<p>- As the WHO transformation process is being completed, the GFP network will be reviewed and renewed. This process offers the opportunity to create a reinvigorated network of GFPs, and in collaboration with HRT, review the possibility to include the responsibility of the GFP in gender mainstreaming and women's empowerment in their TOR or annual work plans. WHO will also endeavor to establish criteria to determine where gender focal points are required at WHO Country Offices. GER will work with HRT on creating some guidelines in 2021.- To implement WHO's work on gender successfully would require an adequately staffed gender team. While the team exists not all positions are currently filled. -It is also recommended to identify a dedicated gender focal point within the Department of Human Resources and Talent Management reflected in the position description and their ePMDS+ objectives.</p>
	Responsible For follow up	GER, DGO, HRT
	Resources Required	0
	Use of Funds	n/a
	Timeline	2021

 <div>PI12</div> <div>Equal representation of women</div> <div>APPROACHING</div>	Action Plan	<p>- HRT will continue the regular monitoring of gender parity and reporting any change to their governing bodies twice a year. The training on unconscious bias has continued for all members of selection panels. The selection procedures for professional positions allow gender to be taken into account for the final decision when several candidates are found suitable for a position. The Director-General pays special attention to gender parity for high level positions, the result of which can be seen in the progress made since last year. - Challenges remain in gender imbalances in specific offices, functions and the NPO staff category (see also above). Women are overrepresented in some areas including in the more junior positions and family duty stations. The general service category risks to also have an overrepresentation of women. - Significant efforts are being deployed across the Organization to bridge the gender gap. For example, outreach initiatives have been implemented in collaboration with Member States, including in the African and the Western Pacific regions. Efforts are also being made through career counselling, mentorship and leadership pathway programmes to build the capacities of female staff members at junior levels so that they can aspire to higher managerial positions</p>
	Responsible For follow up	HRT, DGO, GER


	Resources Required	0
	Use of Funds	n/a
	Timeline	2 years


 <p>PI13 Organizational culture</p> <p>NOT APPLICABLE</p>	Action Plan	In order for WHO to exceed the requirements, the organization will build on the policy related to occasional teleworking to develop a general teleworking policy that will be aligned on the UN one., as well as conduct the ILO Participatory Gender Audit or equivalent.
	Responsible For follow up	Human Resources and Talent department
	Resources Required	0
	Use of Funds	n/a
	Timeline	2 years

 <p>PI14 Capacity Assessment</p> <p>MISSING</p>	Action Plan	- To develop a plan for a capacity assessment in 2021 with the intention to approaching the requirements for this indicator next year.
	Responsible For follow up	GER, HRT
	Resources Required	0
	Use of Funds	n/a
	Timeline	2 years


 <p>PI15 Capacity Development</p> <p>APPROACHING</p>	Action Plan	From 2014 to 2018, GER facilitated a mandatory training for all new staff during the induction week. This course was an introduction to mainstreaming gender, equity and human rights. Unfortunately, in 2019, due to decreasing capacity, the course was stopped. In 2020, WHO will exploring the possibility to reintroduce the mandatory course. The purpose of the session is to increase awareness and understanding of GER mainstreaming into WHO programmes using six steps. The session uses a gamification approach and has proven to engage participants. Customized handouts are given to the participants and reference made to the e-learning series.
	Responsible For follow up	HRT, GER
	Resources Required	0
	Use of Funds	n/a

	Timeline	2 years
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 PI16 Knowledge and Communication EXCEEDS	Action Plan	Development of 2021-2023 WHO Communications Plan to be gender-inclusive, as replacement to WHO Strategic Communications Framework
	Responsible For follow up	DCO
	Resources Required	0
	Use of Funds	n/a
	Timeline	2021


 PI17 Coherence MEETS	Action Plan	Continuing the fruitful collaboration with ITC colleagues and provide mutual support on identified performance indicators to improve the rating.
	Responsible For follow up	GER
	Resources Required	0
	Use of Funds	n/a
	Timeline	2021


IX. SUPPORTING DOCUMENTATION

 PI1 Strategic Planning Gender-Related SDG Results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT MEETS	
Category	Documents
Strategic Plan/Strategic Framework or equivalent	WHO GPW13_eng
Strategic Plan/Strategic Framework or equivalent	WHO-PR~1
Other	WHO results report PB2018-2019


Strategic Plan/Strategic Framework or equivalent	GPW 2014-2019_eng
Other	CERVIC~1
Other	A73_R2~1
Strategic Plan/Strategic Framework or equivalent	PB2018-2019_en_web (9)


 PI2 Reporting on Gender-Related SDG Results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
APPROACHING	
Category	Documents
Other	GPW13-~1
Annual report	World Health Statistics 2020
Other	Output Scorecard Scoring Scale (1)
Other	GPW13O~2
Annual report	GPW13O~1

 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
Completed UN-SWAP Evaluation Scorecard	PI04_2020 UN-SWAP Eval Performance Indicator Scorecard_FIN


Other	PI04 Annex I-summary of review of evaluations


 PI5 Audit GENDER-RELATED SDG RESULTS / OVERSIGHT	
MEETS	
Category	Documents
Annual audit report	PI05-Annex II-WHO 2020 Report of the Internal Auditor A73-28
Other	PI05-Annex I Extract from the audit matrix - gender related tests Nov 2020

 PI6 Policy INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
APPROACHING	
Category	Documents
Gender Policy/Strategy	GER roadmap 2014-19
Gender Policy/Strategy	PI6-PAHOGenderEqualityPolicy2005
Gender Policy/Strategy	GPEI-Gender Strategy
Senior level accountability mechanism	PI6-CD58-INF-14-d-e-gender-equality
Gender Policy/Strategy	WHO_FCH_GWH_08.1_eng
Gender Policy/Strategy	Euro_MensHealthStrategy_180480
Gender Policy/Strategy	Euro-strategy-womens-health-en
Gender Policy/Strategy	PlanAction20092014-eng
Senior level accountability mechanism	PAHO Evaluation CE156-INF-4-e
Other	PAHO CCT Survey FINAL ac


Senior level accountability mechanism	Output Scorecard Scoring Scale (1)
Gender Policy/Strategy	PI-12 WHO Policy on Gender Equality in Staffing Policy


 PI7 Leadership	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
MEETS	
Category	Documents
Speeches	PI07-Draft Gender Analysis DG Speeches Summary Report 28.01.2021
Meeting/Workshop agendas	PI07-B148 1Rev1-en
Meeting minutes	PI07-B148 25Add1-en
Meeting minutes	PI7-201211 University of Nottingham Global Health and Human Rights FINAL
Meeting minutes	Gender Data Working Group Terms of Reference


 PI8 Gender-responsive performance management	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
EXCEEDS	
Category	Documents
Performance management document	PI08-ePMDS+ Snapshot v36
Performance management document	PI08-Recognizing Excellence Policy 1 October 2020


 PI9 Financial Resource Tracking	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents

Gender Marker Guidelines	WHO-Programme budget 2020-21-eng


 PI10 Financial Resource Allocation INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
	No documents uploaded


 PI11 Gender Architecture INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
	No documents uploaded


 PI12 Equal representation of women INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Gender Parity Statistics	PI12-WHO Gender Parity table as of 7
Parity Strategy/ Implementation Plan	PI-12 WHO Policy on Gender Equality in Staffing Policy

 PI13 Organizational culture INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Other	PI13-EB148 HR Update Tables January to July 2020
Prevention of discrimination	PI-13-Policy on Sexual harassment


and harassment policy	
Exit survey	PI13-NOT PUBLIC Draft Gender Analysis WHO Exit Interviews Summary report 28012021
Organizational survey	hq 2nd pulse-check survey results 19jul2019
Organizational survey	hq pulse check survey results 05april2019
Leave Policy	PI13-integrity hotline poster
Leave Policy	Maternity-leave-backfill01_2018_en
Other	A73_21_Human resources report-en
Other	WHO INTERNAL Final Report P2P Exploring professional relati..
Other	TORs-WHO-EURO-GSTF August2020

 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
Other	PI15-PAHO CCT Survey Output 26.1(a) - FINAL ac
Training module	PI15-Advancing HRBA to COVID-19 & Other Emergencies - Module for HRBA CLP - FINAL 27 Nov 2020
Other	WHO Academy Learning Strategy -advisory group notes

 PI16 Knowledge and Communication INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE EXCEEDS	
Category	Documents

Communication plan	PI16-WHepD-CommsPlan-21Jul2020
Communication plan	PI16 WHO IDEVAW communications plan 2020
Other	PI-16-UNSWAP Documents 2020

 PI17 Coherence INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE	
MEETS	
Category	Documents
Peer Review report	PI17-WHO review of ITC performance FINAL 27.01.2021
Peer Review report	PI17-ITC review of WHO performance FINAL-20.01.2021

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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