

World Health Organization

WHO

2021 UN-SWAP 2.0

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

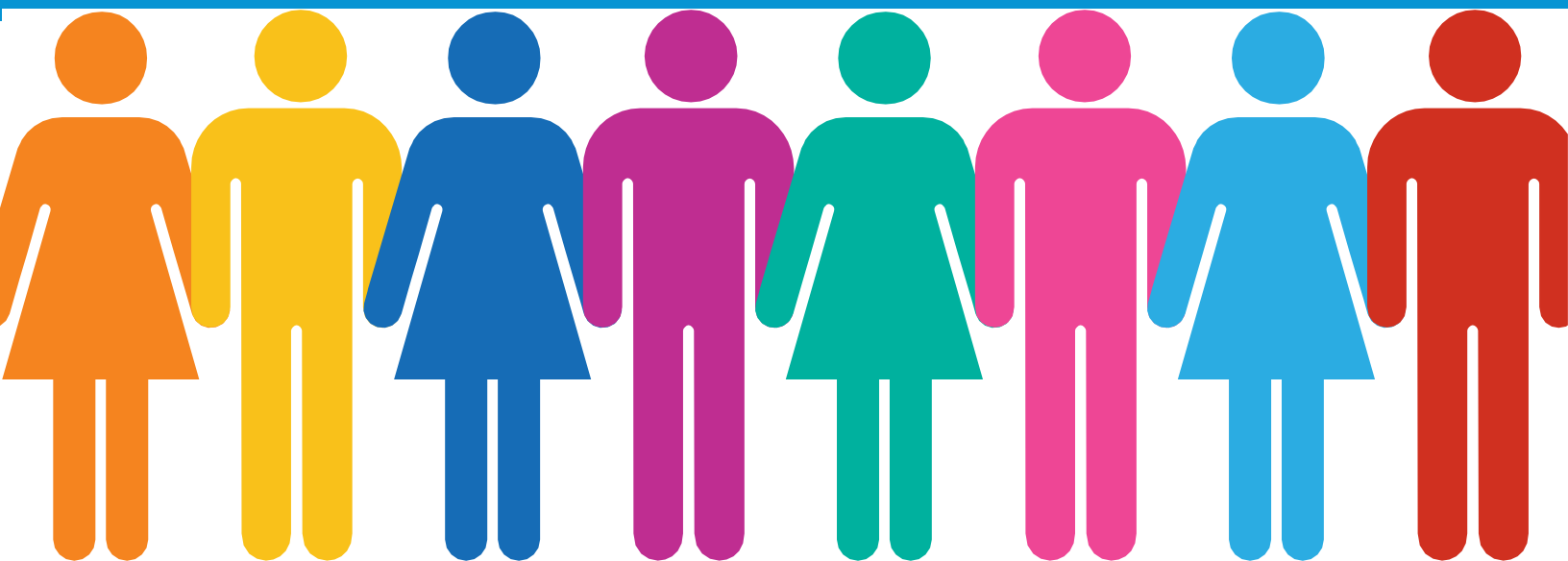


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I. BACKGROUND

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

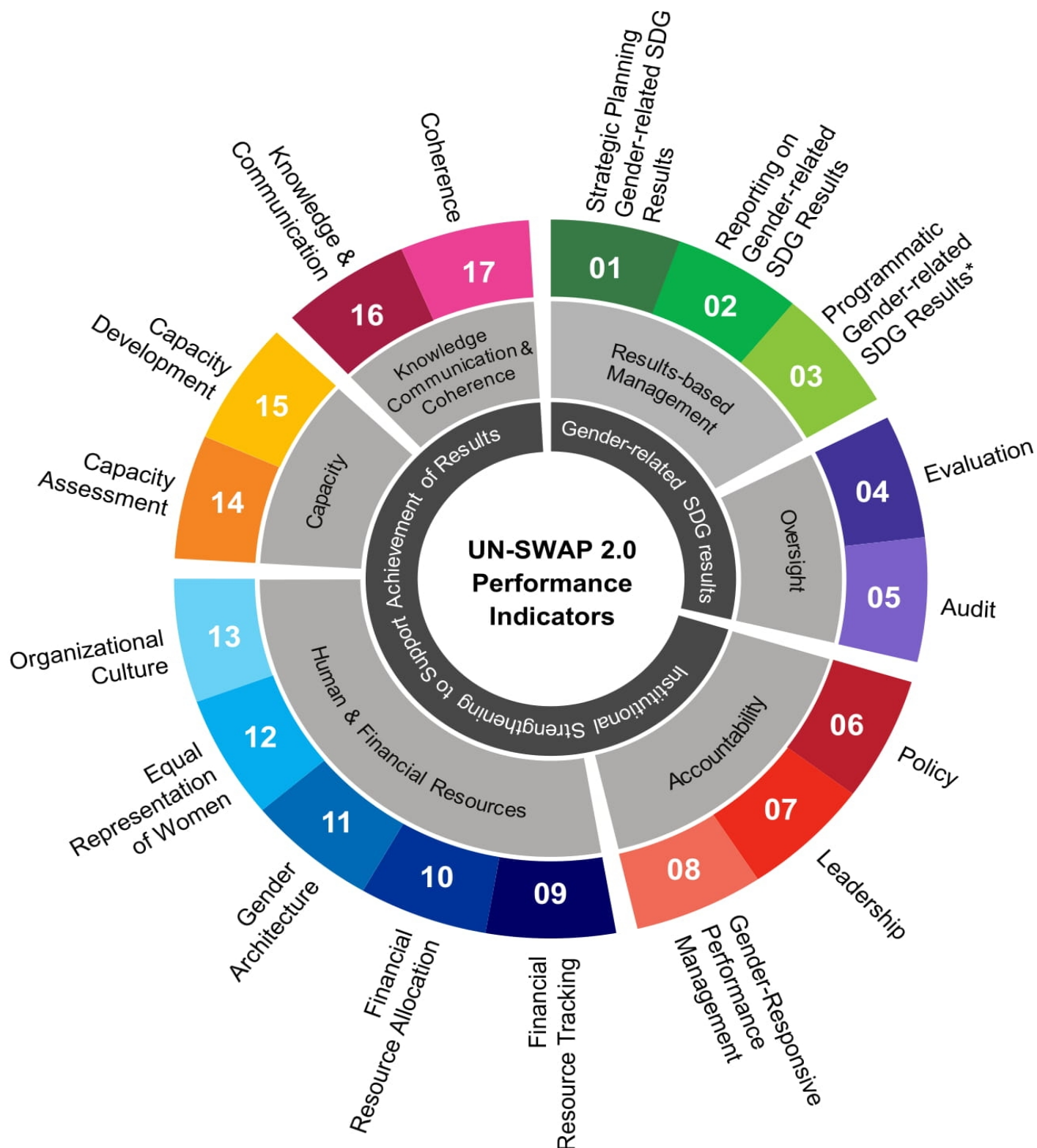
As part of the quality assurance process, UN Women reviews UN-SWAP 2.0 annual reports submitted by UN entities for thoroughness and consistency of ratings. UN Women is responsible for coordinating and facilitating the implementation of the UN-SWAP 2.0, providing guidance to participating entities through 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

The responsibility of UNSWAP reporting lies with WHO Gender, Equity and Rights (GER) unit in the office of the Director General. In 2019, upon the initiative of Programme Manager, Gerado Zamora, WHO/GER established a robust mechanism and dedicated resources for coordination, technical support, and reporting of the UNSWAP2.0. The WHO/GER UNSWAP team consisted of a part-time senior gender consultant responsible for coordinating and supporting the process throughout the year, with support from the Programme Manager, a P3 Technical Officer, a senior administrative assistant, and a short-term consultant with UNSWAP expertise contracted during the reporting phase. The team organized clinics with Business Owners (BOs) to review progress and implementation of the action plans during the year, assess the rating for each indicator and discuss actions to improve future performance. Upon submission of the initial report by BOs, the GER/UNSWAP team reviewed the reports, advised on necessary revisions, and consulted other departments and regional offices before submission.

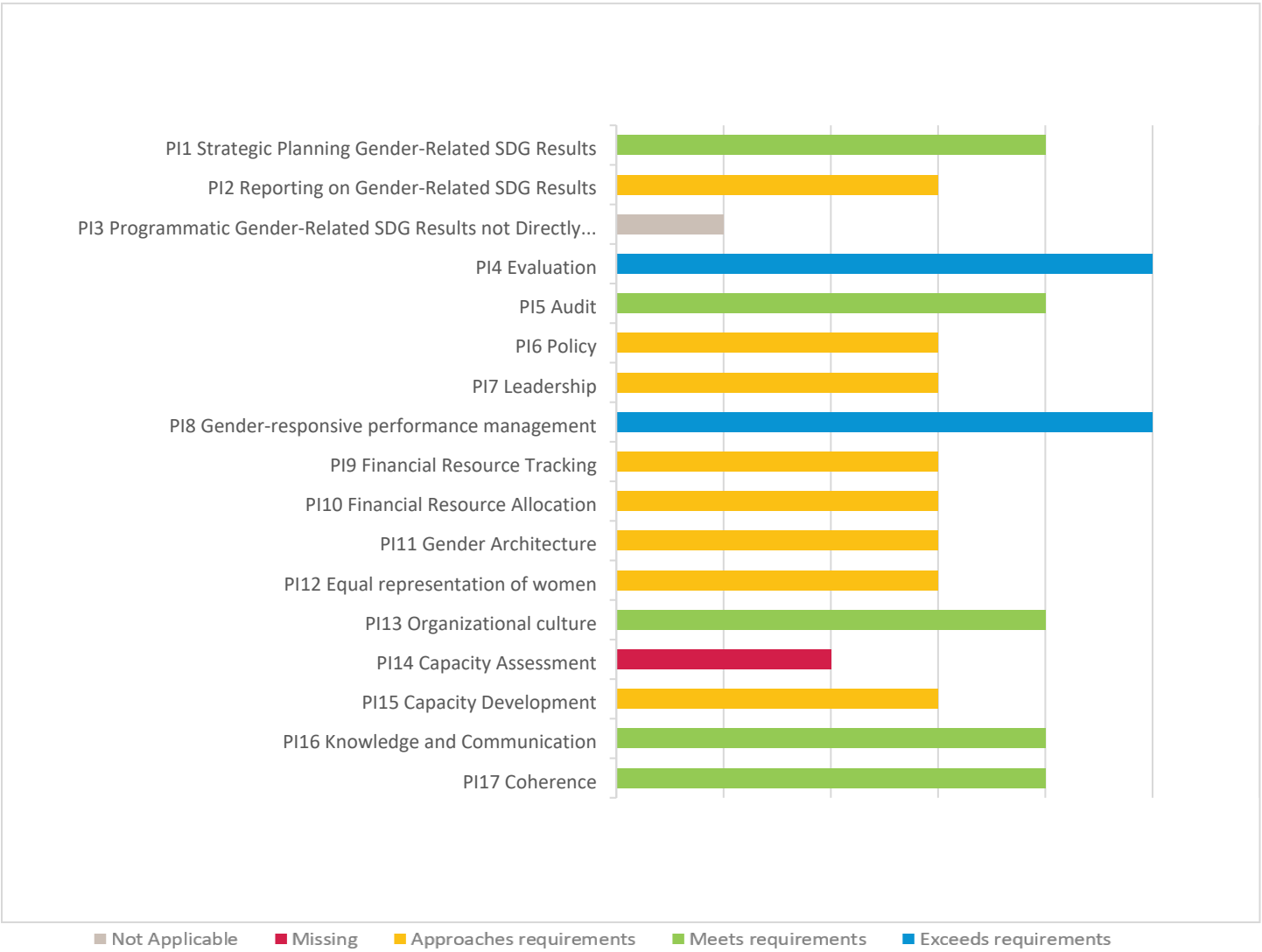
The 2021 process faced numerous challenges. The GER/UNSWAP team was reduced to a part-time gender expert due to staff departures, a lack of leadership in the last quarter of 2021, delayed renewal of critical contracts, and under-resourcing. Due to contractual delays, the consultant was unable to resume work until after the deadline for submission. In addition, due to changes in BOs, limited time and capacity, staff fatigue, and limited bandwidth by the GER/UNSWAP team to offer more hands-on support as previous years, the initial draft reports submitted by BOs were of poorer quality, incomplete and many submitted late. Additionally, technical challenges with the UNWomen portal at the time of submission further delayed submission. In 2022, GER aims at reinvigorating this process to ensure sufficient staff and other resources, a renewed BO-list, and regular communications to ensure a smooth process with a realistic timeline.

V. THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK



*not directly captured in the Strategic Plan

VI. WHO 2021 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT



VII. WHO 2021 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.

WHO's main strategic planning document (WHO's Thirteenth General Programme of Work 2019-2023, known as GPW13) 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. WHO is tracking the implementation of GPW13 through a selection of outcome and impact indicators, some of which include sex-disaggregated data. 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). WHO is co-custodian for monitoring of SDG 5.2 indicators on elimination of violence against women. In 2021, WHO published, on behalf of the inter-agency working group on VAW data and estimates, the first in the SDG era global, regional and national estimates on prevalence of intimate partner violence (lifetime and past 12 months – SDG 5.2.1 indicator) and global and regional estimates of non-partner sexual violence prevalence estimates and compiled a most comprehensive global database on prevalence of these two forms of violence against women. To strengthen measurement of SDG 5.2 indicators, WHO is working with UN agency partners and with inputs of an independent technical advisory group to strengthen measurement of psychological IPV (SDG 5.2.1) and recent non-partner sexual violence (SDG 5.2.2). In addition, WHO is collaborating with UNFPA to support measurement of SDG Indicators 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) and 5.6.2 (Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education).

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

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 into nature and global as all offices across the three levels of the Organization contribute to them. The Programme Budget 2020-2021 included 12 integrated outcomes and 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, which were monitored and reported by all entities through the balanced scorecard. For that period, the highest-level result on mainstreaming gender, for which the Secretariat is responsible for, was captured in Output 4.2.6: "Leave no-one behind" approach focused on equity, gender and human rights progressively incorporated and monitored. The Programme Budget 2022-2023 was recently approved, with revised Outcome 1.1 to ensure that the Organization's commitment to gender equality is explicitly reflected, to read: "Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status."

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

The WHO's Thirteenth General Programme of Work (GPW 13) 2019-2023, which has now been extended to 2025, summarizes WHO's mission, which is to: Promote health, Keep the world safe, Serve the vulnerable. WHO's values include a commitment to human rights, universality and equity, based on principles set out in WHO's Constitution. GPW 13 is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations.

By basing GPW13 on the SDGs, WHO commits to leaving 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 but also

bringing a gender lens to needs analysis and programme design. 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 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 actively advocates for mainstreaming SDG5 and works to end all forms of discrimination against women and girls everywhere; to eliminate all forms of violence against all women (VAW) 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 also ensures that all work on UHC recognizes that, on average at a global level a majority of health workers are women, and that women disproportionately perform more underpaid and unpaid informal health and care sector than men, as well as in the home.

The Impact measurement is based on the SDGs and measures progress via 46 outcome indicators, “Triple Billion” indices, and healthy life expectancy. Two SDG5 indicators are included as the outcome indicators:

- 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
- 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

In addition, for the reporting of other outcome indicators and the “Triple Billion” indices, disaggregation is encouraged, including by sex (and age) whenever relevant and has been particularly promoted as part of WHO’s Covid-19 response framework. The impact measurement framework and data collected is used by WHO to deliver more effectively its work. Out of the 64 indicators that are part of the “Triple Billion” indices and outcome indicators, 23 have sex-disaggregated data available, which represent an important step in the impactful integration of gender into programmatic work, reducing inequities and getting meaningful participation.

Data disaggregation is being used and tracked in-country offices, regional offices and headquarters as part of the output assessment instrument used every year to assess WHO’s organizational performance in delivering its work. This includes the measurement of gender equality and empowerment of women and girls into interventions, actions in the work of the output, looking more particularly at:

- Gender analysis, including the impacts and implications to global health and well-being, of the target interventions, actions or programmes.
- Sex- and age-disaggregated data and their use in interventions, actions, or programmes.
- Interventions, actions, or programmes that are “gender-transformative”: addressing the causes of gender-based health inequities by including ways to transform harmful gender norms, roles, and relations.

In support of GPW13 outcome indicator area of 5.2 on elimination of VAW and in fulfilment of the mandate provided by the WHO global plan of action on strengthening health systems in addressing VAW and girls and against children (WHA 69.5 and 67.15), close to 70 countries are using WHO tools and guidelines for strengthening health systems response to VAW. This helps increasing the gender-responsiveness of health systems to women’s and girls’ health, including SRH, needs. According to a global status report on addressing VAW in health and multisectoral policies published by WHO in 2021, while 80% countries have national multisectoral plans of action on VAW, only 48% have clinical guidelines and protocols to guide the health sector response to VAW, highlighting the need for further strengthening of MoH to address this important gender equality priority and meet the targets related to SDG 5.2 and commitments in WHA Resolution 69.5.

Achievement in year/s (Not mandatory in 2021)

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

1. WHO’s Thirteenth General Programme of Work (GPW 13) 2019-2023
2. Thirteenth General Programme of Work (GPW13): methods for impact measurement
3. Operationalizing commitment to SDG “leave no one behind”

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

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

- Goal 5/Target 5.3/Indicator 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
- Goal 5/Target 5.6/Indicator 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- Goal 5/Target 5.2/Indicator 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
- Goal 5/Target 5.6/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 5/Target 5.2/Indicator 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
- 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

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

- Eliminate All Forms Of Violence Against All Women and Girls

Narrative on results to be completed by all entities

Example of WHO work towards eliminating all forms of violence against all women and girls, including through improving access to gender-responsive services, and providing relevant norms and standards:

The WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children was adopted by the Sixty-ninth World Health Assembly in 2016. In line with the implementation period for the SDGs, the WHO global plan of action will run until 2030. The objectives of the WHO global plan of action are to prevent interpersonal violence, in particular against women and girls and against children and, in cases where it does occur, to address the health and other adverse consequences of such violence, including by providing quality comprehensive health services and programming, facilitating prevention, strengthening the evidence and data collection and by facilitating access to multisectoral services.

A report on this global plan was presented in the World Health Assembly 2021, outlining that violence against women and girls remains unacceptably high. GPW13 includes a target to reduce the prevalence of recent intimate partner violence from 20% to 15% by 2023. For the 2020–2021 biennium, 71 countries are using WHO guidelines and tools to strengthen health systems response to violence against women and 48% of 194 Member States have clinical guidelines or protocols to guide health sector response to violence against women.

WHO has developed a package of guidelines and tools, including a clinical handbook for health providers a curriculum for training health providers and a health managers' manual to support Member States' efforts to implement or strengthen their respective health sector response to violence against women and girls. An updated training curriculum for health care providers and health managers was published in 2021. An e-learning course and an online version of the curriculum will also soon be made available. Online trainings to be delivered by zoom have been developed and a VAW and COVID-19 module will be published soon. A resource package to strengthen countries' health systems response to violence against women has been published to guide how countries can make the best use of the different WHO guidelines and tools and roll them out to strengthen policies, trainings of health workers and managers and conduct quality assurance of the health response. WHO guidance has been incorporated into the health component of the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, which is being implemented in over 30 countries. It is also being used in World Bank-supported gender-based violence programmes and for training the programme implementers of the United States President's Emergency Plan for AIDS Relief. Based on the WHO recommendations, a package of interventions to respond to intimate partner violence and sexual violence has been included in the UHC compendium or menu for interventions under the SRHR services package and will be costed going forward.

WHO, with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), published RESPECT women: a policy framework for preventing violence against women, endorsed by 14 agencies and funders in 2019. A toolkit for its implementation was published in 2020 and is being rolled out in joint workshops, starting with the South-East Asia Region and Western Pacific Region and now being rolled out more widely in joint collaboration with UN Women, UNFPA and

other UN partners in a number of countries. WHO co-lead the Generation Equality Forum's GBV action coalition and made a number of individual and collective commitments to scale up evidence-based prevention and response to GBV. This includes a commitment to scale up evidence-based prevention guided by RESPECT in 25 countries together with UN Women, UK Govt, UNFPA, UNDP and to scale up essential health services for GBV survivors in 25 countries together with UN Women, UNFPA, UNDP and UNODC. WHO also committed to maintaining the VAW prevalence database and updating it regularly to help with SDG 5.2 monitoring and is working with UN Women as part of a joint programme on VAW data.

COVID-19 crisis, response and recovery.

- Contribution to the delivery of a health response
- 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

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.

Lockdowns during the coronavirus disease (COVID-19) pandemic and their social and economic impacts have further exacerbated the problem, increasing the exposure of women to abusive partners and known risk factors, while limiting access to services. WHO has responded to the challenge of COVID-19 in several ways, notably by tailoring guidance for countries; providing online training to front-line providers; integrating violence against women into the recommendations on maintaining essential health services in the context of COVID-19, including in humanitarian settings, and into the training courses for other technical areas such as mental health; and supporting research to assess the impact of the COVID-19 pandemic on violence against women and girls and on access to services.

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 regularly reports to its Governing Body on the high level result on GPW13 and Programme Budget, which include gender equality and the empowerment of women which will contribute to meeting SDG targets, including SDG 5. 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 SDGs. 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

During the operationalization of the Programme Budget, WHO provides specific guidance for data disaggregation and analysis to understand and gather evidence on the nature of the challenge so that it can be addressed. It requires developing high-quality evidence and analysis to identify who is being left behind and why. This includes

- specific reference documents on how to plan activities that include collection, disaggregation and analysis of data by sex and age and at least one other inequality dimension
- -specific reference documents on how to plan activities that include gender, human rights and equity analysis of quantitative and qualitative data, policies and/or laws (affecting the delivery of the Output) to identify populations experiencing disadvantage, discrimination and exclusion

2. In addition, guidance is provided to ensure that evidence and analysis are effectively leading to actions for reducing inequities. This includes:

- Planning activities that include technical assistance to analyse health and social inequities, gender inequality, discrimination

and high burden populations. (e.g. through identification of barriers to (health) services; gender analysis of risk factors and health systems response; health inequality monitoring and data disaggregation; and applying a human rights-based approach to health)

- Planning activities that include the promotion, implementation and reporting of participation of communities, beneficiaries, civil society and/or other stakeholders in all their diversity

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

The WHO Secretariat does not systematically include sex-disaggregated data in its report of strategic plan results to governing bodies. 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 (However, sex-disaggregated data are included in a number of reports to governing bodies or made available in open access and widely distributed and used. The mid-term results report of Programme Budget 2020-2021 also refers to the annual World Health Statistics report, which includes available sex-disaggregated data on the 13th General Programme of Work and health-related SDG indicators.

Many of WHO's publicly available databases include disaggregated data. Notably, WHO's Global Health Observatory (<https://www.who.int/data/gho>) which is the main WHO data portal containing hundreds of health related-indicators, many of which with sex-disaggregated data. Another example is the National Health Workforce Accounts Data Portal (<https://apps.who.int/nhwaportal/> <https://www.who.int/publications/i/item/9789241514446>), which reports health workforce statistics by age, sex, occupation, foreign born/trained. Statistical reports from WHO technical programmes also include sex-disaggregated data when available. In addition, 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. A number of reports were submitted to the World Health Assembly (WHA)74 in 2021, which include aspects of gender equality, sexual exploitation and abuse, sexual and reproductive health, and women empowerment, including, among other reports: Document A74/13 Health workforce: Global Strategic Directions for Nursing and Midwifery; Document A74/14 Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); Document A74/21 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

As part of Programme Budget 2020-2021 implementation, WHO tracks progress on Gender integration through the scores presented in the "Gender, Equity, Human Rights" in the output scorecard presented annually (<https://www.who.int/about/accountability/results/who-results-report-2020-mtr>).

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 that facilitates discussion across departments and Regional Offices, as well as UNICEF and other immunization partners. The working group worked throughout 2021 to strengthen analysis of surveillance sex disaggregated data to investigate on any potential gender discrepancies among Odoose children in polio endemic and outbreak countries.

In addition, in 2021, HRP and TDR began a capacity strengthening programme with research partners to enhance the integration of sex and gender into health research, including a focus on sex-disaggregated data. Consultations were organized with select research funders and TDR and HRP partners, in addition to a survey, to map needs and a review of available tools for training was conducted. On this basis, a workplan has been formulated for the 2022/23 biennium to further strengthen use of sex disaggregated data and strengthen integration of sex and gender into SRH research.

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

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

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

- Reporting to Governing body or equivalent

Please provide any further details:

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

WHO has been tracking disruptions to essential health services in the context of the COVID-19 pandemic and has conducted two rounds of pulse surveys in 2020 and 2021 to assess the extent of these disruptions. Overall, 94% of the 135 countries and territories participating in the 2nd round of WHO's National pulse survey on continuity of essential health services during the COVID-19 pandemic reported some kind of disruption to services during the preceding three months from the date of survey submission (January-March 2021), only slightly down from the percentage of countries reporting service disruptions in the first pulse survey rounds during quarters 3 and 4 of 2020. The COVID-19 pandemic threatens the progress made in all health areas, including in women's, children's and adolescents' health. Lockdowns, closure of primary health services, redeployment of health staff to care for COVID-19 patients, fear of infection and loss of income have frequently resulted in disruptions to delivering and accessing quality essential services, putting women, children and adolescents at higher risk of death, disease and disability from preventable and treatable causes and have led to increased exposure of women and children to the risk of violence in the home. Continuity of reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition services are critical for the health and well-being of women, newborns, children and adolescents. Disruptions in these areas can result in unintended pregnancies, sexually transmitted diseases, developmental issues and increased health risks. The results of the 2nd round of WHO's National pulse survey show that on average, 35% of countries reported disruptions across RMNCAH and nutrition services. The most frequently disrupted services were family planning and contraception services and management of moderate and severe malnutrition, both of which were disrupted in more than 40% of reporting countries.

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

**4ci. 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 (GE) and human rights (HR) concerns in the evaluations it commissions, manages, conducts, and supports. The 2013 WHO Evaluation Practice Handbook 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 UNEG guidance, it has specific sections on how GEHR 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.

The WHO Evaluation Office continues its efforts to mainstream gender equality and the empowerment of women (GEEW) concerns across relevant stages of all of its evaluations. New draft guidance for decentralized evaluations (awaiting final distribution within WHO) will further stress including GEEW. The WHO EVL Office continuously includes GEEW in its advice to various Offices across the Organization as they respectively craft and implement assessments and decentralized evaluations.

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

In 2021, 10 independent evaluations were assessed. A preliminary review resulted in 8 (five corporate/central, 2 decentralized, 1 joint UN) being included using the revised UNEG assessment scorecard for UN-SWAP 2.0 reporting. Five of eight evaluation reports were 'meeting requirements' [scored 2 or 3 (satisfactorily or fully met the requirement) on all three scoring criteria for integrating GEHR]; one 'approached requirements'; and two 'missed requirements'. (See attachment). The evaluations that approached or missed the requirements scored 1 in at least 1 criteria.

Some evaluations in the sample presented examples of good/emerging practice that contribute to organizational learning to further enhance mainstreaming GEEW and HR in WHO evaluations (see attachment): Evaluations of the Myanmar Country Programme and Whole of Syria Response (WoS) mentioned the requirement to adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights. This helped ensure that these dimensions received attention in evaluations where the topic under review did not obviously lend itself to the application of a gender lens. The WoS response report noted that the Evaluation Reference Group ensured that questions of gender and vulnerability were explicitly included in the evaluation framework. It also included a comprehensive analysis of gender mainstreaming, with a sub-question focused on the extent to which WHO's response had been explicitly informed by gender analysis and undertaken in a gender-sensitive manner. This was also the case in the joint WHO-UNF COVID-19 Solidarity Response Fund (SRF) evaluation which had a dedicated Evaluation Question on how systematically gender, equity and human rights concerns had been embedded in the SRF strategy and funding decisions.

The Gender, Equity and Human Rights evaluation integrated GEEW considerations by design. A good practice was to include an analysis of the gender composition of the respondents and its implication in the interpretation of the evaluation results. The background section discussed the concepts evaluated, their relationship and their use in WHO.

The WHO transformation evaluation's methodology included an analysis of survey responses according to different variables including gender, although it did not identify significant differences between men's and women's responses. It included other considerations on gender, beyond equal representation, such as inclusion of staff of diverse sexual orientation and gender identity and expression.

The Myanmar country programme evaluation included an analysis of integrating gender in the Country Cooperation Strategy (CCS), going beyond a 'tick-box' exercise. Despite mentioning gender, the integration of GE and HR was found to be superficial in the Myanmar successive CCS frameworks.

The Evaluation Office continue to consistently use the UNEG standards to integrate gender equity and human rights concerns in evaluations and did so to a greater extent this year. (See attachment).

The five corporate evaluations included in the 2021 review are:

- Evaluation of the use of consultants and Agreements for Performance of Work by WHO
- Comprehensive Review of the WHO Global Action Plan on Antimicrobial Resistance
- Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization
- Country Programme Evaluation: Myanmar
- Evaluation of WHO transformation

The two decentralized evaluation reports included in the review are:

- Comprehensive Report of the Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020
- Independent Evaluation of WHO's Whole of Syria Response, 2016-2020

The joint evaluation report included in the review is:

- WHO-UNF COVID-19 Solidarity Response Fund Joint Evaluation

Further reflections

One key driver of ensuring GEEW integration in the evaluation design was that ToRs had specifically requested these areas, even in cases where gender or equity dimensions were less obvious. Subsequently, GEEW integration in the purpose and scope section tended to determine the extent to which this dimension was considered in the methodology, findings and recommendations sections.

Human rights considerations were included to a more limited extent in our sample of evaluations. Despite the overlap in their objectives, the nature of human rights considerations differs from that of gender, as they require different approach and methods, i.e., participatory approaches or human rights analysis based on legal instruments. These were not employed to a large extent in the reviewed evaluations. As highlighted last year, further clarity is required as to which GEEW, equity and human rights thematic areas (human rights-based approach, vulnerability analysis, gender equality promotion, women empowerment) are to be considered in the PI4 Indicator scoring.

More generally, there will be a need for UN agencies to harmonize across parallel requirements to report to UN Women and to UN DIS (UN Secretary General's Office) respectively for specific cross-cutting issues, i.e. GEEW/HR under UNSWAP and disability assessments under UNDIS. This is needed in order to avoid over-whelming staff and overloading evaluation designs whilst achieving the respective goals.

4ciii. Conducts at least one evaluation to assess corporate performance on gender mainstreaming or equivalent every 5-8 years.

In 2021, a corporate evaluation of the integration of GEHR in the work of WHO was conducted (requested by Member States, see EB146/3). It covered the following questions:

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

Completion of the GEHR evaluation allows for a ranking of 'exceeding requirements' in the overall score of the PI 4 Evaluation indicator.

What modality was used for the assessment?

- External

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

WHO as the lead UN agency responsible for leading the global response for Covid-19 was very engaged with an "all hands-on deck" approach. However, for purposes of the UNSWAP 2021 indicator review for evaluations, COVID-19 did not directly affect the application of GEEW guidelines in our evaluations. Mainstreaming GEEW was also incorporated in evaluations dealing with the Covid-19 response.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:
PI5 Audit

MEETS

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

The audit unit of the WHO 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) unit as a separate auditable unit in the audit universe. IOS 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 approximately 37% of the total internal audits/reviews conducted in 2021). In 2017, the IOS methodology for GER review was revised in consultation with the GER team. In 2017, the GER audit tests in the standard audit risk matrix 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 IOS. 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 internal audits (operational and integrated), for example in the review of the recruitment process (Human Resources section). In 2017, an audit test was added in the 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”. In 2021, IOS expanded the audit tests in the area of Prevention of Sexual Exploitation and Abuse (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 IOS. The 2021 Annual Report of the Internal Auditor to the World Health Assembly (A74/35)¹ (which covers 2020 activities) includes a summary of the number of allegations received in this area. The report includes sections on “Sexual exploitation and abuse” (paragraph 62), “Sexual harassment”

“(paragraph 63) and “Harassment” (paragraph 64). The report also notes that “The Office conducted a trend analysis of reports of concern received in 2020, particularly for allegations of sexual exploitation and abuse, harassment and fraud, with a view to understanding the patterns in order to devise preventive measures” (paragraph 61) (see supporting documentation section-Annex II). 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 is following up on the findings of the Independent Commission. The investigation function has also been allocated additional resources to address the backlog of investigation cases in this area. Recommendations identified in the internal audits are tracked until they are formally closed by IOS.

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 2021 Report of the Internal Auditor (which covers 2020 activities) contains a section on “Gender-related areas” (paragraph 40) with information in relation to the above paragraphs; the report also contain information on gender related issues identified (paragraphs 20 and 22) (see supporting documentation section-Annex II). As part of the 2021 audits IOS has also identified gender related issues that will be described in the 2022 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?

- 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 COVID-19 travel restrictions, the audits performed in 2021 continued to be conducted in the form of desk reviews carried out from headquarters, without field visits. Therefore, the interviews with GER focal points, auditees and partners were done by virtual meetings instead of by face-to-face discussions. We were able to review the required documentation per our standard internal audit risk matrix in relation to GER. Therefore, we consider that we could obtain adequate audit coverage in the GER area in accordance with the audit risk matrix using this approach.

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 process of developing a new policy and strategic document on gender, equity and human rights (GEHR) in the Organization was explored and researched in 2021, including a number of consultations with other UN agencies and a number of reports on WHO that were published in 2021 helped to catalyze buy-in from senior management to initiate the development of the policy and strategy documents. These reports include, but are not limited to, the Evaluation on the integration of GEHR in the work of the WHO (see PI 4: Evaluation) and the WHO deep dive contributing to the UNU-IIGH study on What Works in Gender and Health in the United Nations, which identified a strong need for the Organization to update policy and strategy documents around gender, as well as equity and human rights. Following The Director-General requested the WHO policy and strategy documents be developed with a proposed timeframe for internal documents ready by the end of Q2 2022. However, there were no resources allocated for these tasks in 2021.

From the outset, the process for developing these documents has been approached as a participatory effort that will build on the knowledge, expertise and priorities of the 3-levels of WHO, and draw from the expertise and lessons learned from other

agencies. A series of consultations with internal and external stakeholders were held throughout 2021 on the timing, process, activities and resources for the development of the WHO policy and strategy on GEHR. In the meantime, gender-related policies and strategies throughout the three levels of the Organization continue to guide the work in WHO at the different levels of the Organization.

Gender policies and strategic plans adopted at the WHO Headquarters level include the 2017 Gender Equality in Staffing Policy (see PI 12: Equal representation of women); the Global Polio Eradication Initiative's (the GPEI) dedicated Gender Equality Strategy, and the intersectional gender research strategy of the Special Programme for Research and Training in Tropical Diseases. In 2021, as part of the GPEI Eradication Strategy 2022-2026 revision process, mainstreaming gender in alignment with the GPEI Gender Equality Strategy was a key objective. The new Polio Eradication Strategy 2022-2026 reflects the objectives of the GPEI Gender Equality Strategy through gender sensitive and gender specific Key Performance Indicators (KPIs) and commits to allocating 1% of the overall budget to properly resource gender expertise and related work, which will be tracked through gender markers. The GER Unit also advanced work on a policy for establishing and attending panels and advisory groups, aiming to ensure equitable representation of diverse women and men speaking on panels attended or organized by WHO; that WHO's public engagements address the needs and concerns of women as well as those of men and people with diverse gender identities; and that any newly-established Advisory Groups, Expert Groups and Guideline Development Groups ensure equal representation of women in all their diversity. The Organization continues to develop an internal-facing Diversity, Equity and Inclusion (DEI) strategy through the DEI Initiative that was launched in March 2021, wherein gender and intersectionality approaches will be an important cross-cutting component.

In addition to the policies and strategies adopted by WHO headquarters, there are specific core documents at some of the regional offices. These include the longstanding Policy on Gender Equality in Health (2005) of the Pan American Health Organization (PAHO); and the complementary strategies of the Regional Office for Europe (EURO) on women and men's health and wellbeing.

In 2021, the Organization launched the Output-Based Scorecards (one programmatic and one corporate) that include mandatory criteria to ensure the effective integration of gender, equity, rights and disabilities into WHO policies, programmes and actions, and its work with the Member States. The scorecards are aligned with the UN-SWAP and support the Output Delivery Teams (ODT) in self-assessing and reporting on 6 dimensions on an annual basis. The dedicated dimension on the progressive Integration of Gender, Equity and Human Rights (IGHER) in technical work included 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 IGHER dimension for corporate work has 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

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

Covid-19 has both hampered and accelerated the work on WHO policies and plans being developed on gender equality and women's empowerment, including gender mainstreaming and the equal representation of women. The exacerbation of pre-existing gender and health inequalities as a result of COVID-19 highlighted the need for a strengthened, updated and multisectoral approach with equity at the heart of it. The WHO was called to increase its leadership on gender and COVID-19. This resulted in at least one Member State requesting updated policy/action plans (see, for example, Spain's intervention at the WHA Committee A session requesting an updated GER Roadmap) and a public commitment from WHO to update its gender policy and strategy at the Generation Equality Forum (See attachment). Mid-term reporting for Generation Equality Commitments is due in 2023.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI7 Leadership

APPROACHING

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

WHO' Director-General has committed to gender equality and women's empowerment at several occasions in 2021, and highlighted the need for a gender-sensitive response to the pandemic. He remains an International Gender Champion and supports the Panel Parity Pledge.

An important step by the WHO DG was the commitment to investigate the allegations of sexual exploitation and abuse (SEA), by appointing an independent commission. WHO was the only agency to commission an external independent committee despite several other agencies being subject to the allegations, demonstrating DG's zero tolerance of SEA.

WHO-wide engagement in Beijing+25 and Generation Equality Forum were led by Assistant Director General (ADG) of Strategic Priorities and the Director General's Envoy for Multilateral Affairs. They championed at the different levels of the organization, briefing to Executive Management and an organization-wide Roadmap that included internal communications. Over 400 colleagues across the organization engaged actively on Slido and we were able to address questions during the Q&A session. We succeeded in informing staff on Generation Equality Forum and WHO's commitments, and inspired colleagues for a strengthened approach to gender and health in the work of the Organization.

At Generation Equality Forum, WHO engaged in a number of activities and it's leadership affirmed its commitment to GEWE at, publicly pledged to update its gender policy, strategy and roadmap, open specific internship opportunities for individuals with feminist leadership experience; Promote civil society participation in health systems, COVID-19 response and recovery activities; Promote and encourage gender parity in World Health Assembly delegations, WHO panels and advisory groups; and facilitate menstrual hygiene and promote awareness.

The ADG of Strategic Priorities participated in UNGA, alongside WHO DG, and she also took parts in CSW events. In her statement at Human Rights Council Intersessional Meeting: Investing in sustainable recovery, advancing gender equality and strengthening partnerships, she further reaffirmed WHO's commitments in support of its Member States on GEWE made at the Generation Equality Forum, reiterating the commitments being aligned with WHO's DG's Call to Action for Human Rights: Ending gender-based violence; advancing sexual and reproductive health and rights; ensuring occupational health and safety for health workers and supporting feminist movements and leadership in health.

The WHO DG further delivered a statement at the 'Beyond Applause: Heroines of Health Virtual Gala 2021', recognizing the contribution of women to health and care, articulating WHO's commitment to promoting gender transformative policies to address inequities and eliminate gender-based discrimination in earnings, removing barriers to access to full-time employment, and supporting access to professional development and leadership roles.

The Deputy DG, Dr Zsuzsanna Jakab, at the 3rd Eurasian Women's Forum expressed WHO's commitment to mainstreaming gender equality, health equity and human rights across all three programmatic levels of our 13th General Programme of Work and reiterated WHO pledges at Gender Equality Forum.

Following the formal launch of the Gender Champion Initiative for Polio Eradication in March 2020, WHO worked with Member States and Partners in order to create an alliance of Gender Champions. As a result, five Member States (UK, Australia, US, Spain and Monaco) along with the DG, are championing gender within polio and immunization programs. „ A summary of other activities during 2021 follows: a) Dr. Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, joined the initiative (see Polio Gender Champions – GPEI (polioeradication.org)). b) WHO DG's 2021 award of excellence went to a staff member of the Polio department (Resource Mobilization Department) for her trailblazing work on integrating gender into the programme and more widely across the organization and with immunization partners. See email attached (DG Awards for Excellence). WHO is continuing to meet the requirements for this indicator this year. However, championing gender is not sufficient to move the dial on mainstreaming. Reflecting on its performance and ambition to exceed this important indicator, it recognizes the need for improved efforts by senior management/leadership to proactively promote improvements in UN-SWAP Performance Indicators where requirements are not met/exceeded, including ensuring adequate resourcing for staff and activities and effective leadership in the GER Unit on gender.

In 2021, the GER Unit conducted gender analysis of DG speeches (June 2019-December 2020). Of 429 speeches , 22% (93) explicitly mentioned gender, the majority of which made a reference to women (60%) and girls (15%), with pregnant women

referenced in 21% of speeches. Eleven (of 93) speeches were delivered at a women-related event or to a gender-aware audience, but the majority targeted a general audience. (see supporting documents). These findings, while covering speeches in 2019-2020, validate that WHO DG champions GEWE in his speeches. The report also highlights areas for strengthening the messages and the diversity of gender-related concerns that could be addressed in high-level speeches.

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

Actively challenges gender bias within the entity to promote attitudinal change.

In 2022, WHO is embarking on a time-limited, inclusive and consultative process with internal and external experts and partners to produce a policy statement on gender, equity and human rights, a strategy 2022-2030 and a three-level four-year operational plan. These documents will be the springboard to a renewed and intensive effort of the organization to embed these issues in our programme and product design, implementation and reporting as well as our technical assistance to Member States.

Articulates a vision of the ways in which the entity will support the promotion of gender equality and the empowerment of women as a central UN norm, and ensure that organizational goals reflect this

The WHO Policy on Gender Equality in Staffing (January 2017) articulates its commitment to achieve at least 1.5% increase in the percentage of staff at “P4 and above, every year for the next five years”. The target is further reaffirmed in WHO’s current Global Programme of Work 13 (GPW13 2019-2023) which strives to ensure a workforce that is fit for purpose by increasing “diversity achieved by fostering gender parity ...across all levels of the Organization”. The WHO DG further pays attention to gender balance in high level positions, which is demonstrated by the progress made in the last years. (please see PI12)

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

Given WHO’s mandate, there has been a reprioritization of capacity and resources to respond to the COVID-19 pandemic. At the same time, the growing evidence exposing the gendered vulnerabilities to COVID-19 and the gendered implications of the pandemic and the measures to curb has offered an opportunity to strengthen WHO’s gender mainstreaming agenda. As such, there has been greater attention paid to the gendered dimensions of the COVID-19 pandemic in speeches by the senior leadership and in various reports.

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.

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 56 female staff members in 2021 who attend the Leadership, Women and the UN Course organized by the UNSSC (14 December 2020 to 28 May 2021). Another cohort of 22 participants started on 10 December 2021 and the course is due for completion on 29 April 2022. Overall, 162 female staff members from different Major Offices in the grades of P4 and above will have completed this course between 2016 and 2022. This initiative is being continued as the Global Learning and Development Committee (GLDC) has approved funding for the sponsorship of another group of 40 female staff members to be trained in 2022-2023. In addition, 23 female staff in the grade of P5 and above attended the Executive Management Programme (EMP) organized by the UNSSC from 30 August to 10 December 2021. A new career development programme

(“Advance”) was introduced and delivered twice in 2021 to promote women’s leadership, address specific career development needs and challenges of female national professional officers and general service staff. 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 2021 Awards for Excellence Programme, several female staff were nominated for an Individual Award or as a member of a Team Award. In all, 279 staff members received an award and the criteria chosen for more than 50% of them was ‘Gender and Diversity’.

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.

Currently, 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 Outcome: Strengthened leadership, governance and advocacy for health, under a dedicated 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 top tasks 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).

The work on the new enterprise management system, System for Programme Management (SPM), is ongoing and the tool will be ready to be used for the operational planning of the Programme Budget 2024-2025 which will improve the tracking further and will make it easier to use the information for decision making. The SPM tool will be designed to contain features to track resources allocated to GEEW building on best practices in other UN organizations and horizon scanning.

In 2021, as part of the Global Polio Eradication Initiative (GPEI) Eradication Strategy 2022-2026 revision process, mainstreaming gender in alignment with the GPEI Gender Equality Strategy was a key objective. This resulted in a target of one percent of the GPEI budget targeted toward GEWE over the next five years and the incorporation of a 2-point gender marker procedure and scale. The 2-point scale was developed based on experience from the other Organizations that make up the GPEI Special Programme and donors, who agreed the GEM 3 score was not applicable to it and that a phased approach will eventually include GEM 3 was better. As the GPEI is a specialized programme including different UN agencies, the budget

of 1% targeted funds for GEWE is split between the WHO and Unicef.

Worth noting here is that WHO is more advanced in its performance assessment (ahead of the other UN agencies as per pronouncement of the Member States, such as UK, Sweden and others) with its 4-level results measurement system, and in particular the introduction of the Output Scorecard, which tracks the Secretariat accountability and achievement of results and challenges.

With the introduction of the six-dimensional performance scorecard, all outputs are measured on the “Impactful integration of gender, equity, human rights and disability”. In the mid-term review assessment of the Programme Budget 2020-2021, all Units, Departments, Divisions in Headquarters, most Country offices and all Regional Offices completed the Output Scorecard with a dedicated section that aimed at self-assessing the mainstreaming of Gender, Equity and Human rights within the work of the Organization. It aims to provide insights for learning and decision-making on integrating gender, equity, human rights and disability. In addition, the Regional Office for the Americas (PAHO), which has its own Strategic Plan and results framework, conducted an additional more in-depth exercise using a detailed tool to track results for mainstreaming in both programmatic work and enabling functions. HRP also produces annual gender and human rights reports for both its GAP and STAG mechanisms and has a dedicated budget for gender and human rights activities.

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 scorecard will be included at the End of the biennium assessment report, Programme Budget 2020-2021 that will be presented to the World Health Assembly in May 2022 and the status of the mainstreaming of GER will be discussed with the Member States. The Output Scorecard is seen as a more forceful mechanism to track integration of gender, equity, human rights and disability in all of the work of WHO, its ways of delivering results, and it provides better ways to identify more concrete learnings and recommendations for actions to address gaps.

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 work on gender markers has both been hampered and accelerated due to COVID-19. WHO’s mandate necessitated the directing of capacity towards efforts combating the continued waves of the pandemic and also resulted in re-prioritization of work. Combined with changes in modes of working, advancements to re-uptake work on financial resource tracking was slowed down as parallel opportunities to advance them also emerged. The WHO provided support to the review of the proposals to the UN COVID-19 Response and Recovery Multi-Partner Trust Fund (the Fund), which adopted a monitoring and accountability framework in the form of the 4-point gender equality marker (GEM) coding and definitions of the United Nations Country Teams (UNCTs). This hands-on, innovative and learning aspect of participation in the Fund process, in addition to other capacity building opportunities coordinated by UN Women, has resulted in increased capacity, leadership and collaboration for the development and implementation of gender markers in the work of the WHO and its work with Member States.



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

WHO continues to plan, implement and report on the mainstreaming of gender, equity and human rights (key figures under Output 4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored) as one topic. Due to this 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. 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 an 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 healthcare 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. Also worth noting is that in the operational planning of the Programme Budget the instruction was provided to indicate if a percentage of the planned work was dedicated to GER activities within the technical and enabling areas (the planned cost for the activities that are contributing to GER amounts to USD16,1 and USD9.3 have been expended as of 25/01/2022).

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

9387553000

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

6100000

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

WHO's programme budget covers the biennium 2020-2021, in 2020 it was estimated that the GER activities (like most of the core thematic carried out by the Secretariat) have decreased by 3% due to reprogramming of funds and planned activities towards the COVID-19 response. The final figures for the full biennium (2020-2021) are not yet available and therefore we have no firm figures for 2021 to provide but it should be presumed that COVID-19 has impacted GER.



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 (and Equity and Rights) Focal Points (hereby referred to as GFP) in headquarters (HQ) and in regional offices (RO). Following the WHO transformation in 2020, the GER unit has taken preparatory steps to reinvigorate the GFP network in all three levels of the organization.

By the end of 2021, there were 20 appointed GFPs at HQ (5 men and 15 women) and at least one GFP in each RO. Some ROs have more than one GFP (PAHO, EURO, EMRO, WPRO). All GFP in HQ are staff at P4 level and above, except three (one male and two females P3s). A review of the post descriptions and work plans of GFPs revealed that neither include their GFP function or role/responsibility to mainstream gender in their work/department or support any gender-related outcomes, with one exception (whose post descriptions indicated briefly 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”. Three GFPs in HQ had objectives related to their GFP function in their ePMDS+.

On the contrary, all GFPs in ROs except one have job descriptions that extensively refer to their gender-related responsibilities. [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).

Given the size and structure of the WHO country offices (COs), few have GFPs: 11 COs in SEARO have focal points for gender, equity and human rights and violence against women, with one (WCO Indonesia) working full-time on these issues. As reported in previous years, the GFPs are primarily responsible for technical gender mainstreaming and not for issues related to gender parity or corporate GEWE matters, such as PSEAH. There is currently no GFP in the Department of Human Resources and Talent Management though gender-related activities are performed by several HR staff and strong HR policies are in place (see PI 13).

In 2021, the GER and HRT departments reviewed and consulted the GFPs on how to reinvigorate the GFP network as part of their efforts to strengthen the gender architecture in the organization in line with the UN-SWAP commitments. Based on valuable feedback obtained through the mapping and needs assessment carried out in 2019-2020 (see report), a series of key concerns were raised in a meeting with GFPs in June 2021 on structure, responsibilities, and recruitment process for the GFPs. Following the meeting, a survey was circulated to gather input on the above-mentioned questions (see: survey as supporting document and report). A follow-up meeting with the GFPs is planned in Q1 2022 to present the findings of the survey and a proposal on the next steps, with the aim of having a stronger GFPs network by Q2 2022.

The GER unit is responsible for the coordination of gender (equity and human rights) mainstreaming in WHO, and is tasked with providing leadership, capacity building and technical support, promoting the delivery of WHO’s GPW13 goals. The GER unit is also responsible for facilitating the GFP network, fostering cross-fertilization and collaboration, learning, and advocating (internally and externally) for gender mainstreaming, gender equality and women’s empowerment (GEWE). Despite its central and instrumental role in the organization, the GER unit has suffered from challenges regarding staffing, leadership, and resource constraints. Investments of financial and human resources and high-level engagement have been insufficient to effectively fulfil its role. The GER unit, while benefiting from the expertise of consultants, suppliers and one junior staff, has been lacking full-time senior and technical gender experts.

In addition to the GER unit the SRH department has a P5 gender equality advisor (also a GFP). In 2021, two full-time consultants at the P4 level were contracted at WHE to advance the gender portfolio, coordinating the WHE Gender Working Group and providing technical assistance for specific components of health security preparedness, and in establishing a partnership strategy. A selection process for a full-time Gender Technical Officer to continue providing this assistance was completed in late 2021, and it is expected the selected candidate will begin in early 2022. This will help ensure advancement in the adoption and implementation of the WHE Gender Mainstreaming Strategy. The WHO/POL Department had full time gender specialist and will move forward with establishing a staff position by mid 2022.

Total number of entity staff

8539

Total cost of all entity staff:

565000000

Total number of staff in the gender unit:

3

Total staff cost of gender unit

1606000

Does the gender unit address GEWE issues only?**Total number of gender advisors/specialists (not part of the gender unit)**

4

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

0

Total number of gender focal points

29

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 pandemic has had a wide range of implications on WHO's work on gender. There has been a sharp increase in the workload, as a result of the urgent need to focus human resources towards the COVID-19 pandemic response. However, the pandemic has also provided WHO's work on gender with new opportunities. Three grants from Canada allowed an otherwise cash strapped unit to deliver on several critical technical products that were highly appreciated during the pandemic response, but that will also be applicable over time in a range of situations. This injection of funding from Canada provided GER-specific funding, often for the first time, to some country offices which allowed for timely and important work with WHO programmes and Member States on gender mainstreaming during the response, that have been catalytic. Given that gender mainstreaming and GEWE efforts are currently not part of the workplan and TOR of the GFPs, any gender related activities risk to be deprioritized. In addition, as the majority of the GFPs in WHO are women, it is realistic to assume that they, too, suffer the gendered consequences of the pandemic as a result of the disproportionate burden of childcare and domestic responsibilities. Sadly, this is reproduced across institutions and workplaces, where work on gender mainstreaming and GEWE continue to be the unpaid care work often delivered by women. However, as indicated in the PI13 efforts have been and are being made to support GEWE in the organization.

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



Performance Indicator:

PI12 Equal representation of women

APPROACHING

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

As of 31 July 2021, the representation of women in the international professional staff category reached 47.8% and 53.5% in the general service category. While work still remains to be done in the national professional officer category, overall, WHO now has 48.9% women in their workforce. The figures below reflect both fixed-term and temporary staff members (and

exclude certain categories of very short-term arrangements).

WHO's Policy on Gender Equality in Staffing (January 2017) commits to achieve at least a 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". The results against indicators continue to be reported to each governing body meeting (twice a year). At the next meeting, we will highlight the target and the results achieved, discuss the process to assess efforts to date, and set new targets as required.

The percentage of women in professional positions at the P4 level and above has increased from 39.5% in 2017 to 43.8% in 2021 which reflects an increase of 4.3% over four years.

In addition, Within the Health Emergencies Programme, WHO has developed an action plan to identify and address bottlenecks impeding women to take leadership and decision making roles in the programme.

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	14	3
P2	133	84
P3	449	366
P4	554	692
P5	345	415
D1	44	76
D2	22	44
ASG	0	0
USG	0	0

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 commits to creating an enabling organization and fostering an inclusive culture supportive of gender equality and diversity. While an overall gender policy is planned by the WHO Gender, Equity and Human Rights unit, several corporate HR policies and initiatives have integrated gender and diversity aspects:

- Policy on Preventing and Addressing Abusive Conduct (replacing Policy on Prevention of Harassment and Sexual Harassment) – adopted on 1 March 2021
- Policy Directive on Protection from sexual exploitation and sexual abuse (SEA) – adopted on 3 December 2021
- Task Force on flexible working arrangements – report presented in 2021 and FWA policy under development for publication in early 2022
- Development of the HR Agenda for Diversity and Inclusion for the WHO Workforce and Action Plan - to be published in early 2022
- Managed Mobility policy and simulation exercise – completed and report to be published in 2022

- Policy on Recognizing Excellence - updated in 2020
- Enhanced Career Management support in form of workshops, counselling, mentoring and coaching programmes – delivered throughout 2020
- Career Paths Initiative – ongoing
- Emotional Intelligence in the workplace initiative – launched by DG in 2020

In addition, the following policies contribute to the advancement of GEWE in WHO:

- The Policy on Preventing and Addressing Abusive Conduct (including abuse of authority, discrimination and harassment, including sexual harassment) provides mechanisms for informal and formal means of resolving complaints of abusive conduct.
- The Code of Ethics and Professional Conduct, reiterates WHO's ethical principles: Integrity; Accountability; Independence and impartiality; Respect for the dignity, worth, equality and diversity of all persons; and Professional commitment. The 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. 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 Code specifies expectations 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.
- Policy Directive on Protection from SEA reiterates WHO existing standards, aligned with the UN Secretary-General's Bulletin on "Special measures for protection from sexual exploitation and sexual abuse". In November 2021, WHO launched the new UN PSEA course which is mandatory for all the members of the workforce.
- Fully paid daily time-off for all mothers to nurture their newborn child up to the child's 1st birthday.
- 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 implemented in early 2018. A revised more gender-responsive Human Resource Strategy was approved by the Governing Body in 2014 with "Diversity and Gender" as two cross-cutting principles. Flexible working arrangement policies are currently under development for implementation in 2022 including staggered working hours, part-time work, teleworking (regular and ad hoc) and compressed work schedules.

In addition, to address point 2.1, we conducted a gender analysis of responses to the exit interview questions to analyse the qualitative aspects of organizational culture and provide insight into issues that have a bearing on recruitment, retention, and staff experience. The report (provided as a supporting document) highlights some important findings. For example, the findings show that more than twice as many women leaving the Organization than men were dissatisfied (highly dissatisfied and dissatisfied responses) with the equality of opportunity, equality of treatment among men and women and the impact of their gender on their career progression. Overall women leaving the organisation reported higher rates of dissatisfaction compared to men in several areas, including workload, opportunities for career advancement, and the possibilities for flexible working arrangements. Notably, though numbers were low, twice as many women (4%) than men (2%) responded "Yes" to the experience of workplace harassment. At the same time, in the open-ended questions of the exit interview, diversity and team culture were cited as the most enjoyed aspects of WHO. The report includes several recommendations and is being reviewed by WHO's leadership in HRT.

In addition, following this analysis and as a part of the UN-SWAP network, an interagency working group has been established to review and develop a proposal with optimized exit interview questions to better capture issues related to GEEW, diversity and inclusion, and harmonize across UN agencies.

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. WHO has established a fund to support the temporary backfilling of staff members on maternity/adoption or surrogacy leave.
- Time off for breastfeeding/nurturing: All staff members returning from maternity/adoption/surrogacy leave will be entitled to fully paid time off on a daily basis up to the child's 1st 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 full-time 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:** the duration for single births is 4 weeks, for multiple births 8 weeks for staff assigned to family duty stations; and 12 weeks for staff assigned to non-family duty stations.
- **Adoption Leave:** the duration for single adoption is 16 weeks, multiple adoption 18 weeks.
- **Surrogacy Leave:** the duration for a single child is 16 weeks, multiple children 18 weeks.
- **Family emergency leave** consists of 7 days uncertified leave per year which can be taken for urgent health reasons if 3 days or under or for family emergencies.
- **Duty travel with an infant:** A parent who is requested by the Organization to undertake duty travel may be authorized by the officer responsible for initiating travel to travel with their infant(s).
- **Flexible Working Hours** in some major offices: staff members follow a system of flexible working hours, which operates during the normal working week only, permits staff members to choose their own work schedule, in consultation with their supervisor.

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. Beyond the transition measures put in place in the context of COVID-19, flexible working arrangement policies are currently under development for implementation in 2022 including staggered working hours, part-time work, teleworking (regular and ad hoc) and compressed work schedules.

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 strives to follow good practices and is able to track existing work-life balance policies such as part-time work, teleworking, 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 a teleconference or other IT means actively promoted. In 2020, the use of Teams and other IT tools were actively promoted, given the emerging needs in the context of COVID-19. In December 2021, DG authorized a “no meeting week” to promote time for individual work and projects.

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

From December 2017 to September 2021, more than 25 specific all-staff surveys were conducted, primarily linked to major WHO Transformation Initiatives (and the evaluation of the WHO Transformation), in thematic areas including diversity, equity and inclusion, contract modalities, career pathways, mental health, innovation, teleworking and staff health and well-being.

Sexual harassment

The WHO Policy on Preventing and Addressing Abusive Conduct provides mechanisms for informal and formal means of resolving complaints of sexual harassment and other types of abusive conduct. In accordance with the WHO Values Charter and WHO’s Code of Ethics and Professional Conduct, everyone in the organization, irrespective of their contract, position or grade, is required to adhere to its core values of diversity, inclusion and respect. In this regard, several actions have been taken, including the release of the policy and procedures on preventing and addressing abusive conduct and the development and implementation of its action plan. Online sessions on values, attitudes and organizational culture are being offered to managers. Additionally, workshops and training sessions are being provided (on preventing and addressing abusive conduct) to offer all members of the workforce an opportunity to explore together the behaviours, attitudes and beliefs that will support cultural change and translate the WHO Values Charter into action. WHO has also intensified efforts to strengthen the Organization’s work on the prevention of and response to sexual exploitation and abuse, and sexual harassment, including the establishment of an organization-wide Task Team on Prevention and Response to Sexual Exploitation and Abuse and Sexual Harassment (PRSEAH) with an accompanying implementation plan that aims to shift WHO to a victim and survivor-centred approach; ensure that all personnel, leaders and implementing partners know, are capacitated and held accountable

to act according to WHO's relevant policies, values and obligations; and that WHO undertakes review and reform of its structure, systems and cultures to implement its Zero Tolerance for SEAH and for inaction against it.

UN Ethics-related Legal Arrangements

a. 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 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.

https://www.who.int/about/ethics/code_of_ethics_full_version.pdf

b. The WHO Policy on Preventing and Addressing Abusive Conduct provides mechanisms for informal and formal means of resolving complaints of abusive conduct. <https://www.who.int/publications/m/item/preventing-and-addressing-abusive-conduct>

c. 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://www.who.int/about/ethics/WHOwhistleblowerpolicy.pdf?ua=1>

d. 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.

<https://www.who.int/about/ethics/integrity-hotline>

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

Unfortunately, while a capacity assessment was included in the 2020 UN-SWAP report as a Remedial Action, the WHO was not able to carry out this action due to capacity and leadership challenges in the GER Unit. However, we continued the conversation with GER FPs on the findings of the 2019 mapping and needs assessment of GER FP in HQ which provided a snapshot of the knowledge and the need for capacity development. In relation to this process, a survey was carried out to define the needs, process and structure for coordinating and establishing a focal points network that is fit for purpose.

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



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

The WHO requires all staff, interns and consultants two mandatory courses on the prevention of harassment, sexual harassment and abuse of authority and on zero tolerance for sexual exploitation and abuse. It has an online training on gender, equity and human rights (3h30m), available to everyone though it's not mandatory.

The WHO Academy (the Academy) embeds gender, equity and human rights as a core standard in its learning design approach, recognizing every learning programme as an opportunity to build competencies to advance gender equality and women's empowerment. The GER unit is contributing to the work of the Academy through two tiers of engagement. Tier 1: supporting a strong GER focus across WHO Academy courses; and Tier 2: producing a GER-specific course (a six-module course underway by the GER unit, Johns Hopkins University and the Academy). To date, 21 course development teams have been trained and the following activities carried out: a GER checklist has been developed for use in all Academy course proposals; orientation videos on GER for course developers; 3x 2-hr sessions on GER concepts, framework and tools, and 2x2-hr sessions to review GER integration plans in the courses; info-sessions on specific GER tools and drop-in sessions for course developers.

In 2021, the WHO Immunization, Biologicals and Vaccines (IVB) department offered Level 1 certification on Immunization Agenda, an online capacity building course targeting national or sub-national immunization managers. The programme mainstreamed gender in the curriculum, offering lectures, weekly discussions and office hours for participants to ask questions, and requiring consideration of gender dimensions in the action plans. A gender analysis of the action plans is underway to assess the extent to which the efforts have strengthened the capacity of participants to address gender-related barriers to immunization and the potential impact on the ground.

At a corporate level, in 2021 the GER unit offered regular training on the programmatic and corporate output scorecards, one of the six dimensions is called the 'Impactful integration of gender, equity and human rights'(IGEHR). The IGEHR scorecard dimension was introduced in 2020 and rolled out in 2021 to assess the integration of gender, equity and human rights in actions, policies, guidelines and programmes across the three levels of the Organization.

Training on GER tools for country-level work take place in every region. In 2021, 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 Assessment Toolkit and Innov8), self-standing and tutored virtual courses, and other methodologies. These included but were not limited to:

- WHO AFRO: A series of English and French-language training during September to November 2021 on "Inter-country capacity building on the use of WHO tools for integrating gender, equity and rights in health systems response and recovery in the context COVID-19 and beyond";
- WHO EMRO: "Virtual Inter-Country Capacity Building Workshop on Using WHO and UN Tools for Integrating Gender, Equity, and Rights (GER) into Health Systems Response and Recovery in the Context of COVID-19 and Beyond, 23-25 November 2021";
- WHO WPRO: A regional virtual resource hub has been created containing state-of-the-art data, evidence, innovative practices, country stories, and other resources that can be used to identify and address gender inequalities and inequities in the time of COVID-19 and beyond between and within countries in the WPR. This resource hub will be incorporated into WPRO's regional Data Platform.

Additional capacity-building activities include the creation of a GER and PHC Community of Practice (CoP), with monthly sessions convened since June 2021 for all COs, ROs, and HQ staff involved in the WHO-Canada grant "Strengthening Local and National Primary Health Care and Health Systems for the recovery and resilience of countries in the context of COVID-19" and select partners (e.g., UNICEF, UNU). CoP topics covered GER mainstreaming plans in relation to the PHC strategic and operational levers, development of country GER activity plans for the grant, health inequality monitoring, gender-based violence tools and resources, conducting assessments of barriers to health services, strengthening PHC to address racial discrimination, human rights-based approach to health (with a case study on SOGIE) and gender mainstreaming for health professionals.

Additional country-specific training activities include:

- Bolivia: a knowledge dialogue workshop on intercultural and gender-responsive care and development of materials on gender in SRH;
- Ukraine – recruitment of a local GER consultant to provide input to the national gender equality strategy and the Ukrainian National Health Strategy 2030 and conduct a capacity building on GBV prevention at selected PHC sites in Ukraine and facilitate a Gender Audit for the Ministry of Health.

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

WHO is the lead UN agency responding to the COVID-19 pandemic. This has significantly increased the focus on COVID-19 across programme areas at all levels of the organization. The 2021 WHO COVID-19 Strategic Preparedness and Response Plan calls for national COVID-19 response plans to be gender responsive, equity oriented and human rights based. It also calls for countries to undertake GER analyses to inform their COVID-19 response plans. Templates for inclusion analyses and barriers assessments were simplified and adapted to the COVID-19 context to support country staff in analysing the integration of GER in COVID-19 response planning and/or in assessing barriers to COVID-19 services. Country GER focal points in 14 countries undertaken analyses of national COVID-19 response plans or vaccination plans. Staff have also been capacitated on GER and COVID-19. An action brief outlines key GER considerations for COVID-19 across health systems pillars. The aforementioned regional GER integration trainings focused in large part on COVID-19 and saw participation of staff from 48 countries. Guidelines for gender responsive communications have also been developed to support gender responsive communications on COVID-19. Various research projects are also underway aimed at understanding factors facilitating community engagement in COVID-19, understanding differentiated COVID-19 outcomes on the basis of race and ethnicity and identifying bias in the clinical management of COVID-19. These efforts have resulted in varying degrees in impact in countries. For instance in the Philippines, an analysis of barriers to COVID-19 vaccines identified homeless persons as a population being missed by the campaigns and resulted in policy changes, relaxation in requirements to access vaccines and targeted vaccine rollout.

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



Performance Indicator:
PI16 Knowledge and Communication

MEETS

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

WHO has proven itself in the broad and proactive sharing of external communications, highlighting the health challenges unique to women and girls, and in some cases men. However, we recognize that there is much more to be done.

We have self-reported as 'meeting the requirements' this year, as considerations of gender equality and women's equality, while briefly addressed in the three criteria for exceeding requirements (allowing us to tick the boxes of 16ci, 16cii and 16iii), they are inadequately and only partially addressed. The structure of this data collection table makes it difficult to reflect the qualitative nature of the responses in the performance indicators and how well the three indicators have been achieved. Below we have provided a brief comment on our work in each of three areas, followed by an overview of the status of our work and our plans to improve.

The majority of WHO's communications around health and gender is focused on health topics that are gender-specific or disproportionately affect a certain gender, for example, cervical cancer, sexual health and reproductive rights, and violence against women. This doesn't cover knowledge on gender equality and women's empowerment, although the Gender, Equity and Human Rights team in collaboration with the Department of Communications have been working to increase our public sharing of such knowledge. There has been an additional effort this year to push for more communications to include gender-

disaggregated data and the Beijing+25 activities provided an opportunity to further highlight key gender issues. Similarly to 2020, in 2021 WHO carried out multiple awareness-raising campaigns that successfully highlighted the gender dimensions of different health topics and the unique health challenges faced by women and girls, and in some cases men. This has been evidenced in the supporting document which gives a comprehensive rundown of all of WHO’s campaigns and communications products. Another area that needs improvement is the external communications of senior management. A recent analysis of the Director General’s speeches suggested that a lot more work is needed to ensure the external communications of our senior management adequately addresses gender issues in all health topics.

As indicated in the action plan, we aim to focus in the coming years on gender mainstreaming and integrating gender-responsive elements into our communications as much as possible.

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

The overarching WHO communication plan includes gender equality and women’s empowerment, however, the mention is brief and it has not been explored as an integral component of internal and public information dissemination. This is an area in which we feel we can make significant improvements. Communications and knowledge sharing on gender equality and gender mainstreaming must become more routine in all different areas of work, not just those related to women’s health issues. A concerted effort is made by many WHO communications colleagues to ensure communications products are gender-sensitive. However, there are limited internal guidelines available to staff to ensure these considerations are taken into account by all staff, for all products. COVID-19 demonstrated the difficulties created by this structural issue, as we struggled as an organization to mainstream gender and ensure gender responsiveness in the communications around the response. In particular, it would be useful to develop a more systematic approach to the inclusion of gender considerations in the individual communications plans developed throughout the year for the various campaigns, events and launches that the department of communications supports.

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

COVID-19 had a big impact on all of WHO’s communications work. Resources and time were frequently stretched or rearranged to suit the growing needs of the pandemic response. In addition, given the clear implications of sex and gender in the context of covid, and while there have been some dedicated efforts to highlight these, not all covid related material have been gender responsive. While this may have had a temporary negative effect on WHO’s gender work, it has also seen an invigoration of certain areas. For example, we have improved the gender-based information we share around emergency responses.

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.

The WHO continued to be an active participant in inter-agency mechanisms on gender equality and women’s empowerment over 2021. The WHO-led in two key areas of the Generation Equality Forum, the Action Coalition on Gender-Based Violence (co-led with UN Women and other partners) and the Gender Equal Health and Care Workforce Initiative between France, Women in Global Health and WHO. The extensive commitments pledged by the WHO at the Forum held in Paris focused on ending gender-based violence, advancing sexual and reproductive health and rights, and supporting health workers as well as feminist movements and leadership. The majority of these commitments are being implemented in partnership with other

UN agencies, Member States, civil society organizations and funding organizations; shaping a progressive and transformative blueprint for advancing gender equality, health equity, human rights and the empowerment of women and girls globally.

Along with the UN Office on Drugs and Crime (UNODC), the WHO co-chairs the Inter-Agency Network on Women and Gender Equality (IANWGE) Working Group on Intersectionality – the first on this subject. The IANWGE Working Group on Intersectionality began work to develop and disseminate UN-wide guidance on intersectionality approaches for gender equality and women's empowerment efforts. These tools seek to create a shared understanding of intersectional gender analysis, its applicability to the work of the UN as well as enabling the measuring of intersectionality-inclusive results that ensure all groups of people are included in an equal and equitable manner. The aims of the IANWGE Working Group on Intersectionality guidance support the realization of the 2030 Agenda's commitment to Leave No One Behind; the interrelated Sustainable Development Goals, especially SDG 5; and the Secretary-General's Call to Action on Human Rights and Our Common Agenda.

Through its participation in and support from the UN-SWAP Network, the WHO continues to advance GEWE and gender mainstreaming in the United Nations, including through knowledge sharing of best practices on the development of harmonized products. The WHO presented on the Organization's Output-Based Scorecard (the Scorecard) dimension on the Integration of Gender, Equity and Human Rights at the 2021 UN-SWAP Annual Conference. The Scorecard dimension on IGEHR has helped to spark important discussions, across the three levels of WHO, on how to improve the way programmes are designed, implemented and monitored.

The WHO began to participate with the working group for the implementation of gender markers of the High-Level Task Force on Financing Gender Equality and nominated two focal points to inter-agency reference group for the High Level Task Force for the Financing of Gender Equality and the Gender Equality. Building on this collaboration and previous involvement in the UN COVID-19 Response and Recovery Fund (the Fund) and the gender marker evaluation exercise in 2020, the Gender, Equity and Human Rights (GER) Unit coordinated with other teams in WHO headquarters to advance the integration of gender markers in the work of the Organization (See PI 9).

WHO supported the development, launch and translation of the Guidance note and checklist for tackling gender-related barriers to equitable COVI-19 vaccine deployment as part of the Gender Equality Working Group of the Sustainable Development Goal 3 Global Action Plan on Healthy Living and Well-being for All, along with the Gender and Health Hub at the United Nations University International Institute for Global Health. This guidance aligns with and aims to optimize global health norms and standards set by WHO and Unicef for COVID-19 national deployment and vaccination plans to leave no one behind.

Other mechanisms in which WHO systematically participates on GEWE include the co-chairing of the UNSDG Task Team on Leave No Behind, Human Rights and the Normative Agenda, which is charged with tasks incorporating a strong focus on gender equality.

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. During 2021 POL/GPEI took part to the Alliance Gender Equality and Immunization Coordination Group (AGEI) led by GAVI. The AGEI Coordination Group's serves a catalytic and convening function to facilitate action-orientated collaboration and learning between organisations working at the intersection between immunization and gender. Members of the group are: GAVI, UNICEF, WHO, GPEI, UNICEF, CDC, The World Bank and the NGO M-Rite (momentum). The coordination group meets every month.

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


The WHO previously partnered with the International Trade Center (ITC) in 2020 to conduct a peer review of the 2019 UN-SWAP reports for both organizations. 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 fostered continued collaborations.


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


VIII. World Health Organization ACTION PLAN 2021

<div>  </div> <div> PI1 Strategic Planning Gender-Related SDG Results </div> <div> MEETS </div>	Action Plan	<p>Member States have approved the Programme Budget 2022-2023 with the inclusion of gender quality in the outcome 1.1 statement to explicitly reflect the Organization's commitment to gender equality. ("Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status."). This Outcome essentially strives to progress towards achieving universal health coverage, whereby all people and communities have access to the full range of essential services across the life course through a strong and resilient, people-centred health system, without suffering from financial hardship. WHO's priorities for action are fourfold: First, to support countries to rapidly scale up their investments in health infrastructure and essential public health functions. Second, to help countries strengthen the capacities of the health workforce to deliver by investing in scaling up numbers, capacity and quality assurance to meet needs for health sector jobs, particularly for women and young people, with the right skills, in the right numbers and in the right places. Third, to ensure that countries increasingly adopt cost-effective and evidence-based interventions to address communicable and non-communicable diseases, including vaccine-preventable diseases, as well as mental health conditions. Fourth, to ensure that countries maintain the provision of quality essential health services, including prevention, early detection, screening, testing, diagnosis, treatment, rehabilitation and palliative care, to their populations across the life course. These priorities are fully aligned with the Organization's promotion of human rights, gender equality and the empowerment of women and girls around the world across the life course. The Secretariat has identified 18 SDG/GPW13 indicators associated with this Outcome.</p>
	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	1432800000
	Use of Funds	not provided
	Timeline	Biennium 2022-2023.


<div>  </div> <div> PI2 Reporting on Gender-Related SDG Results </div> <div> APPROACHING </div>	Action Plan	<p>WHO is committed to support Member States in improving health information systems, including collection, analysis, and use of data of health inequalities to inform policy and actions. One of GPW13's nine technical outcomes, Outcome 4.1 Strengthened capacity in data and innovation, captures this commitment. Progress on the GPW13 and Triple Billion indicators (including SDG5 indicators) are being 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. Whenever available, sex-disaggregated data are included. WHO technical programmes, the division of Data, Analytics and Delivery for Impact (DDI), and Member States will continue to work together to improve the reporting of GPW13 and health-related SDGs, including to increase the availability and quality of data disaggregated by sex and other dimensions of inequalities, to enable analysis of health inequalities. 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</p>
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		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. The result of the score card was in the Mid-term assessment report of Programme Budget 2020-2021 which was presented to the 74th World Health Assembly in May 2021. Training and capacity building on the scorecard have taken place in 2021 at the launch of the scorecard. In addition, staff have been trained during operational plan on how to integrate and plan for gender sensitive activities to ensure that gender, equity and human rights are mainstreamed into the workplans for the biennium 2022-23. This will continue for the biennium 2022-2023. Despite considerable progress, current data are inadequate in many countries to monitor health inequalities and assess the situation of vulnerable populations. According to the recent WHO SCORE global report (2020), only half of countries included disaggregated data in their published national health statistics reports. The SCORE for Health Data Technical Package has been developed by WHO and partners to assist Member States in strengthening country data systems and capacity to monitor progress towards the health-related SDGs, Triple Billion targets, and other national and subnational health priorities. WHO and partners will continue to support countries in this endeavour
	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	not provided
	Timeline	Biennium 2022-2023

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

 <p>PI4</p> <p>Evaluation</p> <p>EXCEEDS</p>	Action Plan	<p>In addition to analyzing and learning from good practices highlighted in Section 2 above, other actions the WHO Evaluation Office plans to take include to:</p> <ul style="list-style-type: none"> Continue to focus and enhance mainstreaming GEEW and HR approaches into various relevant stages of evaluations the Organization implements, particularly ensuring inclusion in the design phase; in evaluation frameworks and guidance, including for decentralized evaluations Increase inclusion of GEEW and HR through greater attention to UNEG guidance in all phases of evaluation, continuous interactions with the evaluation managers, and providing webinars, newsletters and short guidance notes as required. Engage the GEHR department and internal Evaluation network in revising the WHO Evaluation Practice Handbook to further strengthen inclusion of GEEW and HR aspects in evaluations Broadly disseminate across the
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		Organization the WHO Evaluation Practice Handbook and new Decentralized Evaluation Framework. The latter guides evaluations implemented by programme managers in Regional/ Country Offices and technical programmes incorporating GEEW. • Offer practical guidance on integrating GEEW into evaluations across the Organization Activities above will be implemented by the Evaluation Offices, in cooperation with the GEHR Department and Regional Office evaluation officers. Costs are nominal and are included in the bi-annual WHO Evaluation workplan.
	Responsible For follow up	WHO Evaluation Office, collaborating with GEHR Department and Regional Office evaluation officers
	Resources Required	0
	Use of Funds	nominal, within the WHO biennial evaluation office 2022-2023 workplan
	Timeline	12


 <p>PI5 Audit</p> <p>MEETS</p>	Action Plan	<p>The IOS audit unit will continue to include the “Gender, Equity and Human Rights” (HQ/GER) as part of the audit universe and may consider a gender-specific audit of HQ/GER based on the results of the annual audit risk assessment. IOS will continue to consider the potential value of conducting a specific internal 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. It is also noted that there was an evaluation on gender equality and gender mainstreaming carried out by the WHO Evaluation Unit in 2021, which identified a number of risks and recommendations in this area. IOS will continue to follow up and assess whether any of the identified risks warrants a dedicated audit of gender in the future. IOS will continue to review Gender as part of the audits of Headquarters (HQ), Regional Offices (ROs), and WCOs technical programmes, as applicable. The IOS audit unit will continue to strengthen consultation and collaboration with the “Gender, Equity and Human Rights” HQ team, as and when required. IOS 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 IOS audit unit and the HQ/GER Team will also organize a session in 2022 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 used in the organization, particularly the Output Scorecard. This was an action point established last year but has been postponed to 2022 as WHO is in the process of reviewing and updating the output score cards.</p>
	Responsible For follow up	IOS audit unit and HQ/GER unit as described above.
	Resources Required	0


	Use of Funds	No additional costs involved. Covered by existing IOS staff resources.
	Timeline	2 years (2022-2023)

 <div>PI6</div> <div>Policy</div> <div>APPROACHING</div>	Action Plan	<p>Throughout 2022, a suite of core GEHR documents will be developed on what WHO stands for (policy), how it will do it (strategy), who will do what (operational/implementation plan), and the resources required (a 3-level multi-year resource mobilization document). The documents will be internal and will not require the approval of Governing Bodies; thus, allowing the Organization to advance an institutional plan that will look toward a global strategy for Member States. The internal policy and strategy documents will integrate the full array of issues that the Organization addresses from an intersectional perspective, including ethnicity, rural/urban settings, the health of migrant populations and so on. The policy, strategy, operational plan and resource mobilization document will set a strong GEHR architecture for their implementation, with all stakeholders in WHO understanding what is expected of them to uphold our common policy and implement our common strategy. Adaptions of the policy and strategy to regional contexts will be essential, while the overall objectives, key themes and approaches will be relevant to the entire Organization. The first step will be an update of existing literature reviews capturing the global and regional policies, strategies, and evaluations of WHO and sister agencies. The participatory process includes the establishment of an internal group of the GER Global Network of Regional Focal Points, with one representative per Regional Office (RO) and a fully delegated alternate, as well as a time-limited task force of external experts to guide WHO in the development of the policy and strategy. In addition, the development process for the documents will build on review and buy-in from WHO Senior Management, including in RO's, GEHR focal points across the Organization, key programmes, Country Representatives and, eventually, the Global Policy Group. The DG's DEI strategy will be part of a revamped Gender, Equity and Human Rights (GER) Department at Headquarters and will most likely be included the work of the GER Network globally, to look at internal issues such as discrimination, racism, lack of diversity and gender equality, working closely with HRT, the Ombudsman, the staff association, and programmes across WHO. We will also need to clarify our linkages to work on the prevention of sexual exploitation, abuse and sexual harassment. WHO will also look at incorporating the finalized Policy for establishing and attending panels and advisory groups in the policy and strategy documents, as well as begin implementing the DEI strategy.</p>
	Responsible For follow up	<p>The GER Unit, situated in the Office of the Director-General, is the responsible unit for ensuring that gender equality, equity in health and human rights are mainstreamed in the work of WHO and in its work with Member States. As part of its mandate, the GER Unit is coordinating the development of the Organization's policy, strategy, operational plan and policy resource mobilization document throughout 2022. It is in the beginning stages of hiring a writer with institutional knowledge and relationships to draft, update and finalize the documents; and establishing a task force to take this forward with delegated alternates and clear terms of reference with roles, responsibilities and ways of working. RO's will nominate candidates for the task force of external experts (1-2 per region) and provide the necessary documents for the literature review.</p>
	Resources Required	300000


	Use of Funds	For the development of the GEHR policy, strategy and operational plan (3-level, 4 years)
	Timeline	12 months

 <p>PI7 Leadership</p> <p>APPROACHING</p>	Action Plan	Due to limited capacity and internal challenges at WHO/GER unit, several of the action plans from last year have not yet been completed, though are in progress. 1. A checklist will be developed to help speech writers to ensure that gender, equity and rights dimensions are adequately addressed in the upcoming speeches. This work will build on the gender analysis of the DG speeches and will be accompanied by workshops for speechwriters and other relevant staff preparing talking points for the DG and other members of the senior leadership.2. The UN-SWAP performance will be a recurring item of discussion under the accountability agenda item at WHO's May EB meetings, and a plan will be presented on how WHO intends to allocate and/or mobilize sufficient funds to meet/exceed all indicators by 2023.3. A senior level Steering Committee for gender equality and the empowerment of women, (and equity and human rights) will be established within WHO, chaired by a senior staff member for promoting and guiding WHO's work on gender equality and women's empowerment (and equity and human rights) across the organization.4. Determine the funds required for achieving WHO's mandate on gender equality and gender mainstreaming through the development of a WHO strategy for gender (and equity and human rights).
	Responsible For follow up	1. GER and DCO – GER has already completed the gender analysis of the DG speeches and have initiated developing the check list. 2. GER Lead (resources required: estimated at \$300,000 as cost of foundational document development (policy, strategy, operational plan) plus staff time)3. GER Lead (resources required: 616,000 per biennium)4. GER Lead: (resources required 1.1 m)
	Resources Required	0
	Use of Funds	Please see above
	Timeline	12-24

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

	Action Plan	- Develop, with the support of UN Women, a gender marker implementation plan for the Organization.- Conduct a feasibility review for one WHO department to be able to respond to the questions on how much funding is
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<div>PI9</div> <div>Financial Resource Tracking</div> <div>APPROACHING</div>		committed and spent on gender equality at WHO in: targeted interventions/actions/programmed in which gender equality if the principal objective; intervention/actions/programmed contributing substantially to gender equality by mainstreaming gender considerations throughout its work; dedicated human resources and expertise.- Develop and implement functionality in the new SPM tool to tag and trace resources that are allocated to GEEW throughout the planning cycle, - Work on the new planning and enterprise management system (SPM tool) is ongoing. It is envisioned that the new tool will include functionality to allow for tagging products and services to a four-point scale. Products and services are the lowest level planning element and if tagging is done at this level it allows the Organization to trace the commitments to GEEW at a detailed level and thereafter be able to aggregate the information and report at the output level. - Training and capacity building on the GER dimension of the Output Scorecard instrument. The revised balanced scorecard will be implemented in Q1 2022 to assess the biennium 2020-2021.
	Responsible For follow up	PRP and GER will continue to work together to further the work on the GEMs. Clearer delineation of work will be required and external resources may be required due to limited capacity within the GER team and as PRP does not have the GEEW technical capacity in the team.
	Resources Required	250000
	Use of Funds	development of required functionality in the tool and if required, engagement of consultant specialized in GEMs.
	Timeline	<ul style="list-style-type: none"> The first offline calculations as described above will be produced in Q2 2022 to inform the future development of a refined framework and provide an indication of the current status of GEEW investments using a broad definition of GEEW. Agree on a definition of GEEW for WHO to guide the development of the framework for the GEM score Q2 Development of a refined framework for the GEM score Q3 2022 – Q4 2022 Test to use the refined framework in offline calculations: Q4 2022 Development of a list of products and services for GEEW Q4 2022 The development of the SPM tool will continue through out 2022, the tool will be implemented to be used during the operational planning of the Programme Budget 2024-25.

<div>  </div> <div>PI10</div> <div>Financial Resource Allocation</div> <div>APPROACHING</div>	Action Plan	WHO Secretariat will look at best practice in the other UN agencies and review options for improvement. This review should be followed by internal discussions and a possible decision on the implementation of a benchmark for GEEW.
	Responsible For follow up	PRP, GER
	Resources Required	50000
	Use of Funds	Dedicated consultant
	Timeline	2 years



PI11

Gender Architecture

APPROACHING

Action Plan	a) In Q1 2022, in collaboration with HRT, the results of the survey seeking feedback on the ideal GFP network will be presented to the GFP network with a proposed updated TOR, including roles and responsibility of the GFP, desired competencies and skills, required allocation of time and an optimal selection process through expression of interest opportunity offered to all staff. Following the consultation, the TOR will be finalized, all departments will update the list of focal point, and the first meeting of the renewed group will be convened. . The responsibility of the GFP in gender mainstreaming and women's empowerment will be included in their performance evaluation plans (pmds)and biannual work plans. b) To implement WHO's commitments on gender mainstreaming and GEWE effectively and make progress towards improving the UN-SWAP commitments, WHO will fill the posts of the gender team. WHO has already initiated the process to fill the P5 senior technical lead post that will be advertised in Q1.c) WHO will also identify a dedicated gender focal point within the Department of Human Resources and Talent, d) WHO will produce a suite of critical documents including its strategy 2022-30 and an 3-level four year operational plan, e) WHO will increase its communications and visibility to keep partners informed on activities, products and progress, f) and WHO will engage with potential donors to ensure the sustainability of new approaches and staff.
Responsible For follow up	The responsibility for the action plan in 2022 and beyond will sit with the Director of the new department on gender, equity and human rights, working in close collaboration with directors across the organization, executive management and WHO country offices.
Resources Required	0
Use of Funds	All funding will be split across the 3 levels of the organization for both staff and activities, to be determined/ approved by by DG.
Timeline	The three gender posts and one junior professional officer are expected to be on board by end of 2022 and the suite of critical documents is also expected within that timeframe.




PI12


Equal representation of women


APPROACHING

Action Plan	-HRT continues regular monitoring of gender parity and reports 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 which continues to be made. -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 the Member States. 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.- The WHE to hold internal working sessions with focus groups to identify bottlenecks faced by women in attaining leadership and decision making roles in the programme, and define an action plan based on findings.
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	Responsible For follow up	HRT and the last action item, WHE Gender Working Group, in coordination with the Learning and Career Development unit within the Emergencies programme, will coordinate activities and plan to follow up actions.
	Resources Required	0
	Use of Funds	Not provided
	Timeline	12 months

 <p>PI13 Organizational culture</p> <p>NOT APPLICABLE</p>	Action Plan	<ul style="list-style-type: none"> - WHO is part of an interagency working group that aims to review, revise and harmonize the exit interviews across agencies and ensure aspects related to gender equality, diversity and inclusion are adequately captured. based on the UNSWAP interagency working group, WHO plans to revise its exit interview questions and bring these aligned with the recommendations from the working group. - WHO plans to conduct the ILO Participatory Gender Audit or equivalent in 2022, in an effort to exceed the requirements for this indicator. - 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 with the UN policy.
	Responsible For follow up	HRT/ GER
	Resources Required	250000
	Use of Funds	Staff and consultants cost
	Timeline	2022


 <p>PI14 Capacity Assessment</p> <p>MISSING</p>	Action Plan	<ul style="list-style-type: none"> - To develop and conduct an organizational-wide capacity assessment survey – based on the guidance offered by UN-Women and in collaboration with ITC, with whom WHO carried out peer-review of the UN-SWAP report, and other UN Agencies and entities. -Based on the findings of the capacity assessment develop a plan to address the learning needs.
	Responsible For follow up	GER/HRT
	Resources Required	40000
	Use of Funds	Consultant and staff
	Timeline	2022-2023

	Action Plan	<ul style="list-style-type: none"> - From 2014 to 2018, GER facilitated mandatory training for all new staff during the induction week. This course was an introduction to mainstreaming gender, equity and human rights. Unfortunately, despite the
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<div>PI15</div> <div>Capacity Development</div> <div>APPROACHING</div>		fact that there has been an ongoing discussion and an intention to reintroduce the mandatory training on GER in the induction course, due to continued leadership and capacity challenges in the GER unit, the action was not implemented in 2021. We would like to make another effort to strive to introduce a gender, equity and human rights component in the mandatory induction course this year, to raise awareness and guide how to mainstream gender, equity and human rights into WHO- The development of Global Public Health Good #1345, “WHO technical guidance for mainstreaming gender in health and development”, was initiated and led by the Team Lead of the GER Unit, who was placed on administrative leave in January 2020. The COVID-19 pandemic and structural difficulties within the GER Team required reprioritization of activities and uptake of this activity was delayed until mid-2021. Grant Letters of Agreement between WHO and the UN International Institute for Global Health are currently being processed to update the Gender Mainstreaming Manual, including a how-to guide, and TORS are being put together to develop the three policy briefs on gender and each of the triple billion goals. Together, these encompass Global Good #1345, “WHO technical guidance for mainstreaming gender in health and development”. These materials, piloting of the guidance and initial training are scheduled to take place over 2022.
	Responsible For follow up	GER/ HRT
	Resources Required	200000
	Use of Funds	GPHG 1345: 160,000.00 for the update, layout, copy-editing of the Gender Mainstreaming Manual and 40,000.00 for the development of the policy briefs
	Timeline	2022

<div>  </div> <div>PI16</div> <div>Knowledge and Communication</div> <div>MEETS</div>	Action Plan	<ul style="list-style-type: none"> • Work on 2022 Communications Plans and Strategy to integrate gender concerns more seamlessly and meaningfully. • Ensure active involvement of DCO in one or more inter-agency communities of practice on gender equality and the empowerment of women. • Bring together a working group to explore the issues around the use of gender-responsive language and agree on a standard to be employed throughout all departments and all levels of the organization. • Disseminate guidelines for gender-responsive communications (written and visual) for WHO staff, consultants and interns. • Create more specific checklists for those in key roles (eg. Speechwriters) to ensure gender is considered in all communications. • Create guidelines for gender-responsive communications to provide to all external communications suppliers, to ensure consistency across all WHO visuals. • Develop training sessions in collaboration with GER to train staff on gender-responsive communications. • Work with an external provider to create an effective brand for all new internal and external communications guidelines and resources being released by GER over the coming years.
	Responsible For follow up	DCO and gender focal points throughout WHO
	Resources Required	50000

	Use of Funds	USD 25-50k has been requested in the 2022 DCO budget to work on gender mainstreaming and to implement some of the above-mentioned action points. Ideally more pooled funds from various departments could be drawn on to ensure a cohesive and collaborative approach to knowledge, communication and coherence across the organization. In collaboration with GER colleagues, WHO has contracted an external graphic design company to conduct a branding exercise for gender work within WHO and externally. The company will produce a suite of products to highlight communications guidance coming from the Gender team. Additional funds throughout the year will be put towards building off these products to ensure the enthusiastic uptake of gender mainstreaming guidance both internally and externally where applicable.
	Timeline	2022

 PI17 Coherence MEETS	Action Plan	<ul style="list-style-type: none"> Mid-term reporting on Generation Equality Commitments in 2023 UN-wide guidance on intersectionality approaches for gender equality and women's empowerment efforts to be completed and disseminated in 2022 Advancement in UN-SWAP performance indicators to be continued through 2022 Integration of gender markers in the work of the Organization – see PI 9 action points
	Responsible For follow up	<ul style="list-style-type: none"> UNSDG Task Team on Leave No Behind, Human Rights and the Normative Agenda – DDG Generation Equality Forum – ADG Strategic Projects and GER Unit (IANWGE) Working Group on Intersectionality – GER Unit UN-SWAP Network – GER Unit High-Level Task Force on Financing Gender Equality – GER Unit
	Resources Required	45000
	Use of Funds	<ul style="list-style-type: none"> WHO engagement in Beijing +25 and the Generation Equality Forum, including International Women's Day, the 65th Commission on the Status of Women and the Forums in Mexico and Paris: USD 40,000 Translation of the Guidance note and checklist for tackling gender-related barriers to equitable COVI-19 vaccine deployment: USD 5,000
	Timeline	12 months

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-Program budget 2022-23-eng



PI2 Reporting on Gender-Related SDG Results

GENDER-RELATED SDG RESULTS / RESULTS-BASED MANAGEMENT

APPROACHING

Category	Documents
	No documents uploaded



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

EXCEEDS

Category	Documents
	No documents uploaded



PI5 Audit

GENDER-RELATED SDG RESULTS / OVERSIGHT

MEETS


Category	Documents
	No documents uploaded





PI6 Policy


INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

APPROACHING	
Category	Documents
	No documents uploaded

	PI7 Leadership	
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
	APPROACHING	
	Category	Documents
		No documents uploaded

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

	PI9 Financial Resource Tracking	
	INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
	APPROACHING	
	Category	Documents
		No documents uploaded

	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
	No documents uploaded



PI13 Organizational culture

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

MEETS

Category	Documents
	No documents uploaded



PI14 Capacity Assessment

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY

MISSING

Category	Documents
	No documents uploaded



PI15 Capacity Development

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY

APPROACHING

Category	Documents
	No documents uploaded



PI16 Knowledge and Communication

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

MEETS

Category	Documents
	No documents uploaded



PI17 Coherence

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

MEETS

Category	Documents
	No documents uploaded

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

UNSWAP.Helpdesk@unwomen.org

