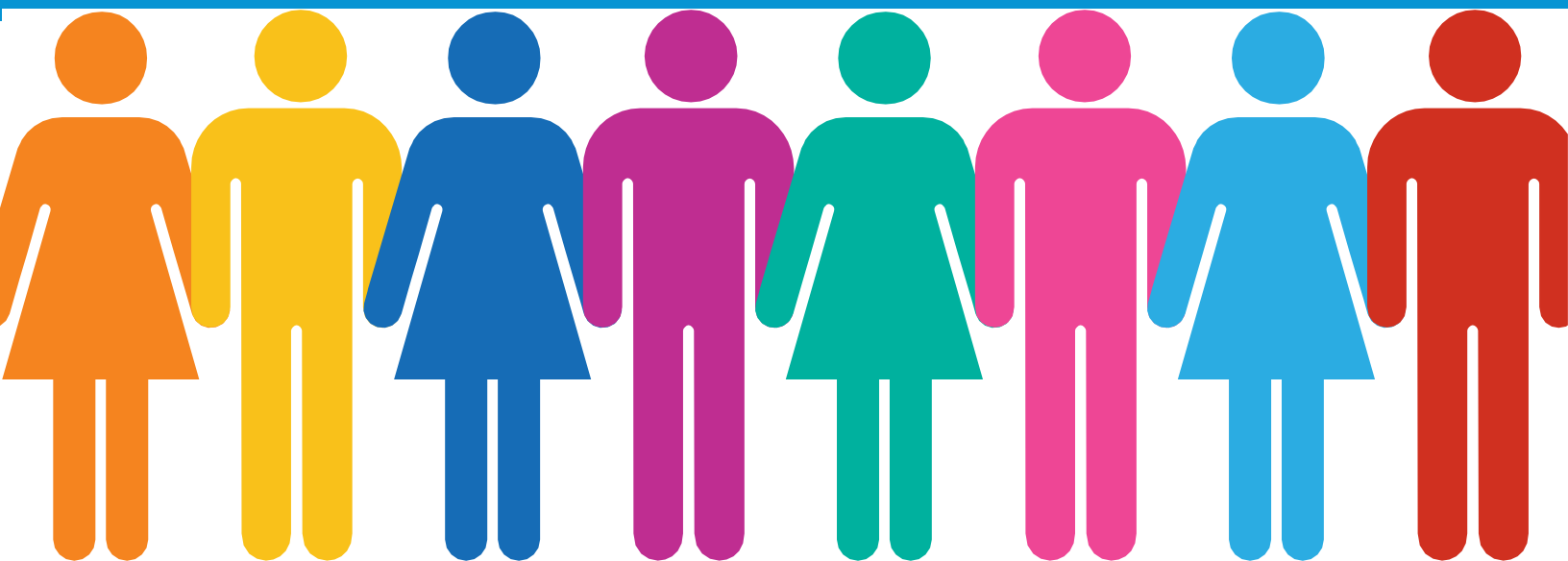# World Health Organization

WHO

2022 UN-SWAP 2.0

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

UN WOMEN

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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 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 UN-SWAP reporting lies with WHO Gender, Diversity Equity and Human Rights (GRE) department in the office of the Director General. In 2019, since GRE assumed the UN-SWAP reporting responsibility, it established a robust mechanism and dedicated resources for coordination, technical support, and reporting of the UN-SWAP2.0. In 2022, a P5/6 part-time external gender consultant continued to be responsible for coordinating and supporting the process throughout the year, with support from the acting GRE lead.

The Consultant organized clinics with Business Owners (BOs) to review progress in 2022 and implementation of the action plans during the year, assess the rating for each indicator and discuss and provide guidance on actions to improve performance in 2023 and beyond. Upon submission of the initial report by BOs, the Consultant reviewed the reports and action plans, proposed necessary revisions and guidance to comply with the reporting requirement, and ensured that the performance ratings indicated by the BOs were justified and met the UN-SWAP requirements. This process often required multiple meetings and correspondences and several reiterations before the report was finalized. The draft consolidated report was then circulated to the GRE Focal Point network and regional offices, before seeking clearance by DGO and final submission.

One of the major challenges is the very late release of the UN-SWAP technical guide and the late opening of the UN-SWAP portal. As communicated in the past, WHO staff and UN-SWAP BOs are often overburdened with multiple deadlines towards the end of the year and struggle with competing priorities. Thus, it would be desirable for the UN-SWAP Technical Guide to be released earlier to allow for better planning and allow BOs more time to produce a quality report.

V.   THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK
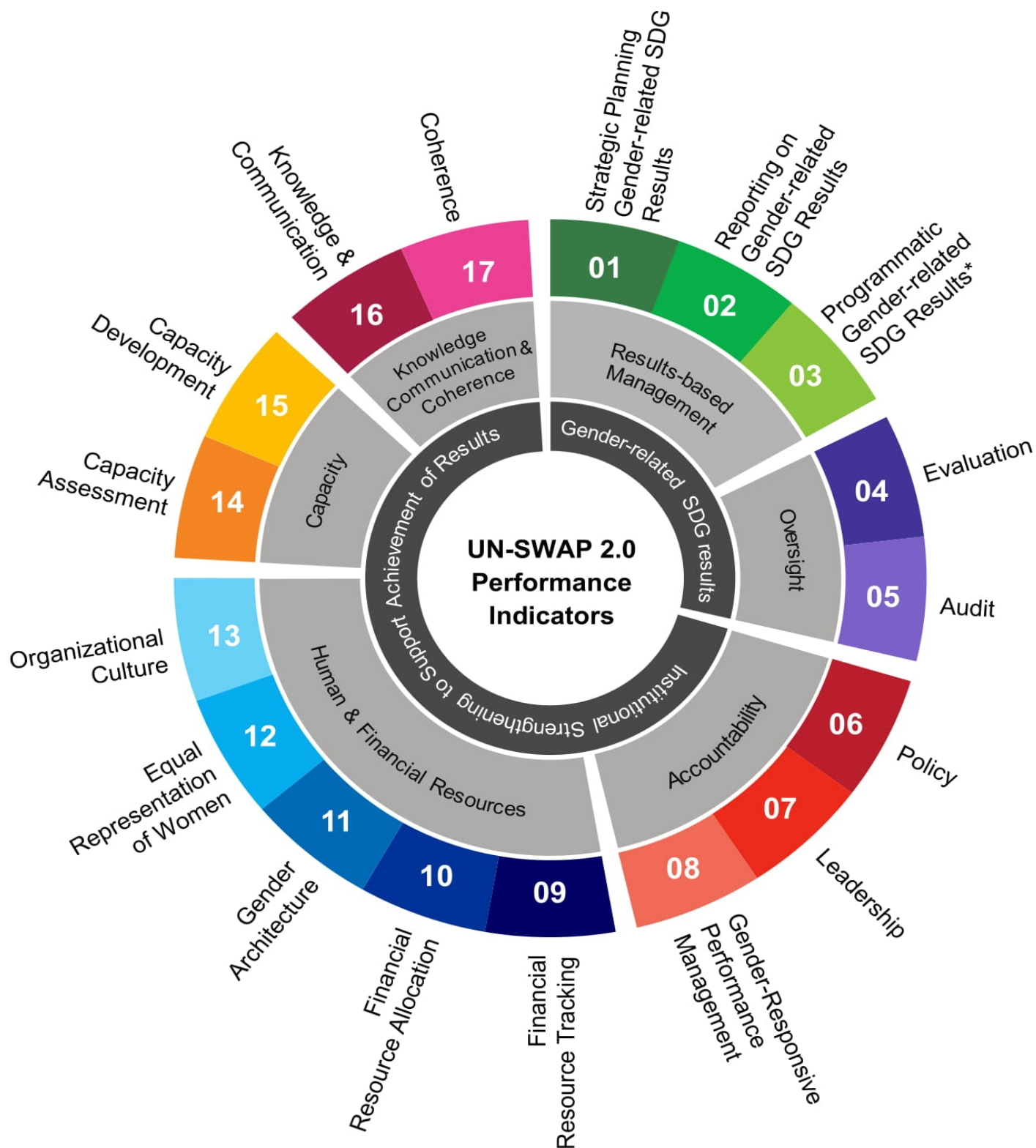
*not directly captured in the Strategic Plan

VI.   WHO 2022 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT

PI1 Strategic Planning Gender-Related SDG Results	Meets requirements
PI2 Reporting on Gender-Related SDG Results	Approaches requirements
PI3 Programmatic Gender-Related SDG Results not Directly...	Not Applicable
PI4 Evaluation	Exceeds requirements
PI5 Audit	Meets requirements
PI6 Policy	Meets requirements
PI7 Leadership	Meets requirements
PI8 Gender-responsive performance management	Exceeds requirements
PI9 Financial Resource Tracking	Approaches requirements
PI10 Financial Resource Allocation	Approaches requirements
PI11 Gender Architecture	Meets requirements
PI12 Equal representation of women	Approaches requirements
PI13 Organizational culture	Meets requirements
PI14 Capacity Assessment	Approaches requirements
PI15 Capacity Development	Approaches requirements
PI16 Knowledge and Communication	Exceeds requirements
PI17 Coherence	Exceeds requirements

■ Not Applicable ■ Missing ■ Approaches requirements ■ Meets requirements ■ Exceeds requirements

VII. WHO 2022 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 (extended to 2025), known as GPW13), which guides priority workstreams, includes at least one high-level result on gender equality and the empowerment of women which will contribute to meeting SDG targets, specifically SDG target 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights.

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 3.7, 3.8, 5.2 and 5.6, where specific indicators have been added to ensure that women are the targeted population for interventions (GPW target 5 increase coverage of essential health services among women and girls in the poorest quintile).

The WHO Programme Budget (PB) is aligned with the GPW and presents the Organization's expected deliverables and budget requirements for a biennium. During the 75th World Health Assembly, delegates from Member States approved an increase on the programme budget and agreed to extend the current Global Programme of Work to 2025. The extension is designed to help WHO support countries' efforts to address disruptions to health services due to the COVID-19 pandemic.

The Programme Budget 2022-2023 included the same 12 integrated outcomes and 42 integrated outputs as the previous PB. Of the five proposed areas of focus for extension, Primary Health Care connects the three billion targets, reinforcing health systems, essential public health functions and multisectoral policy approaches through an inherent commitment to promote health equity, human rights, gender equality and empowered communities. More specifically, outcome 1.1 remains to monitor improved access to quality essential health services irrespective of gender, age or disability status.

1bii. Entity has achieved or is on track to achieve the high level result on gender equality and the empowerment of women.
Entity is on track, working on the implementation of GPW13 outcome indicators.

High-level result(s) on gender equality and empowerment of women
WHO is prioritizing primary health care as the entry point to universal health coverage. WHO's focus is on accelerating progress through global leadership, the production of global public health goods, providing differentiated support to countries and ensuring that no one is left behind.

WHO will define a prioritized, integrated set of interventions to improve human potential across the life course, aligned with promotion of human rights, gender equality and the empowerment of women and girls around the world.

Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status

To effectively address the health needs of populations with a life course approach and universal health coverage, health systems should also address barriers to access to quality care, including discrimination and gender inequalities. WHO will advocate and develop strategic communications to ensure gender-sensitive, equitable and human rights-based approach is taken. Developing comprehensive and gender-responsive, equity-enhancing and human rights-based national health policies and strategies that enable universal health coverage.

In addition, outcome 3.1. Safe and equitable societies through addressing health determinants includes components of sexual

and reproductive health and rights.

To deliver these outputs, WHO will use its leadership capacity, support countries and produce global public health goods that take into consideration the elimination of barriers to access due to equity, gender and human rights, In addition, WHO will generate data, surveillance, burden-of-disease assessments, incidence studies and global status reports to monitor progress on disease control, elimination and eradication of diseases under the lens of integrated packages of services for the population.

Ref: https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023

Achievement in year/s (No longer mandatory)

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"

4. Proposed programme budget 2022 – 2023 (A74/5 Rev.1)

5. WHO Results report: programme budget 2020-2021 (A75/8)

6. Programme budget 2022-2023: revision- extending the thirteenth general programme of work 2019-2023 to 2025 (A75/32)

7. https://www.who.int/data/stories/the-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact

Please include an Internal assessment of progress using entity assessment methodology for reporting on its main strategic planning document (No longer mandatory as of 2021)
1. Triple Billion Dashboard: https://portal.who.int/triplebillions/
2. Tracking the Triple Billion and delivering results: https://www.who.int/publications/m/item/tracking-the-triple-billions-and-delivering-results

Specific SDG target(s) and indicators to which result contributes
- Goal 3/Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- Goal 3/Target 3.7/Indicator 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
- Goal 3/Target 3.7/Indicator 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
- Goal 3/Target 3.8/Indicator 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
- 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 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
- Goal 5/Target 5.3/Indicator 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
- Goal 5/Target 5.6/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

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

- Access To Gender-Responsive Services
- Norms and Standards

Narrative on results to be completed by all entities
UN System change:

WHO makes available several spaces on the internet to access information on women's health, women empowerment and relevant health indicators for women.

Ref:

https://www.who.int/health-topics/women-s-health

https://www.who.int/news-room/spotlight/6-priorities-for-women-and-health

https://www.who.int/data/gho/data/themes/theme-details/GHO/women-and-health

Access to gender responsive services and norms and standards:

Development of norms, policies and guidance at HQ and regional level

Ref:

PAHO/WHO Gender equality and health https://www.paho.org/en/topics/gender-equality-health

WHO Universal Health Coverage: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

WHO issues new guidelines on abortion to help countries deliver lifesaving care: https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls

WHO updates recommendations to guide family planning decisions: https://www.who.int/news/item/15-11-2022-who-updates-recommendations-to-guide-family-planning-decisions

WHO launches guide for integration of perinatal mental health in maternal and child health services https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health

Emerging crises and global challenges, including COVID-19 crisis, response and recovery.

In alignment with the previous selection, describe the specific focus of existing gender-related strategic work, as well as new activities and deliverables in response to emerging crises and global challenges (no longer mandatory)

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 results 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 Secretariat does not systematically include sex-disaggregated data in its report of strategic plan results to governing bodies. 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.

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 analyzed

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 2022-2023, 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

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

2aii. 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. Statistical reports from WHO technical programmes also include indicators disaggregated by sex when available.

The impact measurement of 13th General Programme of Work (GPW13), which tracks the work of WHO, countries, regions and partners in meeting the Triple Billion targets and GPW13, includes a total of 38 outcome indicators for which disaggregation is possible, out of which sex-disaggregated data are available for 24 outcome indicators. However, it's important to note that availability of sex-disaggregated data from countries vary, and are), reported for between 94 and 194 Member States. These data are available via the Triple Billion Dashboard (https://www.who.int/data/triple-billion-dashboard).

Sex-disaggregated data are also monitored for the health and health-related SDG indicators. Of the 32 indicators for which disaggregation by sex is possible, over half (18 indicators, 56%) have sex-disaggregated data available in the SDG Database

(https://unstats.un.org/sdgs/dataportal). Health and health-related SDG indicator data disaggregated by sex that are produced/managed by WHO are also available via the Global Health Observatory (GHO) (https://www.who.int/data/gho).

The GHO is the main WHO data portal containing hundreds of health related-indicators, many with sex-disaggregated data. 112 indicators in the GHO (with data available since 2015 and latest updates since 2017) have disaggregation by sex available (mainly related to the topics of alcohol consumption, tobacco use and nutrition). Three quarters of these indicators (83 out of 112) have sex-disaggregated data available for more than 150 Member States.

The WHO Health Inequality Monitor (https://www.who.int/data/inequality-monitor) provides evidence on existing health inequalities and makes available tools and resources for monitoring health inequalities, including the Health Inequality Data Repository (the largest repository of health and health-related disaggregated datasets covering diverse topics and dimensions of inequality); the Health Equity Assessment Toolkit (HEAT) (a software application for assessing inequalities, which is in the process of being expanded to explore the range of datasets in the Health Inequality Data Repository);publications including 'State of Inequality' and 'Explorations of inequality' reports; and health inequality monitoring training (including handbooks, manuals and eLearning courses).

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.

Results from the implementation of the Programme Budget 2020-2021 specific to gender integration were presented through the scores in the output scorecard presented annually (https://www.who.int/about/accountability/results/who-results-report-2020-mtr). In the Programme Budget 2022-2023, output 1.1.2 require that gender, equity, disability and human rights considerations are fully mainstreamed in developing and implementing interventions. In parallel, output 4.2.6 highlights the integration of equity, gender and human rights to ensure delivery of people-centered health services.

Furthermore, WHO already applies the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) and is in the process of implementing the Sex and Gender Equity in Research (SAGER) guidelines, which encourages reporting of data by sex as a matter of routine, and to the extent possible, a gender analysis of research and data in all reports produced, co-produced or sponsored by WHO.

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?
- Internally (e.g. email, Intranet)
- Reporting to Governing body or equivalent

Please provide any further details and include hyperlinks if publicly available:
not publicly available

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

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 health-related SDG indicators, including those that are gender related are included in the 13th General Programme of Work (GPW13), which is the Organization's high-level Strategic Plan. Therefore, programmatic gender-related SDG results are covered in PI1 and PI2.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT

Performance Indicator:

PI4 Evaluation

EXCEEDS

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 equality and human rights concerns in the evaluations it commissions, manages, conducts and supports. The WHO Evaluation Practice Handbook, published in 2013, and the 2022 Practical Guide on Evaluation for Programme Managers and Evaluation Staff offers information and practical guidance on how to prepare for and conduct evaluations in WHO. In line with the guidance from UNEG, it has specific sections on how gender, equity and human rights concerns should be integrated into evaluations. WHO's updated 2018 Evaluation Policy emphasizes the integration of human rights (HR) and gender equality (GE) in all stages of evaluations, while the recently published Guidance note for the role of Quality Assurance Advisor for decentralized evaluations issued in 2022 by the Evaluation Office also highlights the need for evaluations to address the normative dimension of GE. Further, the framework for evaluating WHO's contributions at country level issued in 2022 also includes evaluation questions in relation to Gender, Equity, and Human Rights (GEHR), which is expected to improve the results in this area in those evaluations.

Following the corporate evaluation of the integration of GEHR in the work of the Organization in 2021, WHO has worked to develop a Policy on Health Equity, Gender Equality and Human Rights (2023 – 2030) with an accompanying Strategy on Health Equity, Gender Equality and Human Rights covering the same timeframe. These documents will consider the critical enabler of accountability, focusing on monitoring and evaluation of progress on GEHR both within the Organization and in its technical cooperation with Member States. This new organizational framework to accelerate progress on GEHR will contribute to strengthening the Evaluation Office's efforts to meet and exceed the standards set out by UNEG on gender equality and human rights.

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

Four evaluations commissioned or supported by WHO Evaluation office in 2022 were included for the final assessment using the revised scorecard from UNEG. It is noteworthy that in 2022, due to a change in the leadership of the Evaluation Office and turnover of two other senior staff in 2021, fewer corporate evaluations were conducted than in previous years. Two of the four evaluations were corporate evaluations commissioned and managed by the Evaluation Office, and two were special programmes review/ evaluation conducted by external evaluators following independent processes. In line with the methodology used in previous years, the assessment focused on published evaluations supported or commissioned by WHO Evaluation office and did not include decentralized evaluations which were not supported or commissioned by HQ/EVL or those that were not published.

The two corporate evaluations were:

▪ Independent Evaluation of WHO's COVID-19 Response in Ukraine

▪ Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023)

The two special programme evaluations or reviews were:
▢ Mid-term Review of the Global Polio Eradication Initiative (GPEI) Gender Equality Strategy 2019-2023
▢ Seventh External Review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)
Three of the four evaluation reports were found to be 'meeting requirements' (these evaluations scored between 8-9), and one 'approached requirements' (6). Assessment of the evaluation report by an external consultant reveals GEHR were integrated in special programme evaluations and the corporate evaluations were approaching and meeting the requirements with an average score of 8, exceeding the requirements on the UNSWAP criteria.

A key factor in GEHR integration is the guidance provided by the Evaluation Office through the Evaluation Handbook and the terms of reference of the evaluations, which require that "[t]he evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights and include to the extent possible disaggregated data and analysis". The implementation framework and ongoing support by the Evaluation Office to all entities commissioning evaluations in WHO may address some of the challenges. Another key factor is the skills and expertise in gender and human rights analysis within the evaluation team. The evaluations managed or supported by the Evaluation Office continue to use the UNEG standards to integrate GEHR concerns in evaluations, although the integration of those dimensions remains inconsistent among evaluations, especially decentralized ones. The evaluation office will engage in a reflection on what has allowed meaningful integration in some of the evaluations, and how to advance its effort to address barriers to integration of GEHR in decentralized evaluations. The Evaluation Office is taking several steps to improve the integration of GEHR considerations in all evaluations, including decentralized evaluations and will provide additional support to Regional Offices, as detailed in the action points.

Whilst there is a strong interdependency between GE integration and human rights-based approaches (HRBA), they differ in methodology and require different approaches and methods, i.e., participatory approaches or human-rights analysis based on legal instruments. These were not often employed in the reviewed evaluations. Similarly, specific aspects of the analysis of gender equality and women empowerment, health equity and disability must be considered in their own right, rather than lumped together. The evaluation methodology should include different approaches to capture these dimensions as appropriate to the topic evaluated (e.g., disaggregated quantitative data analysis, gender analysis of qualitative material, inclusive stakeholders' analysis and use of participatory approaches to include the views of different groups affected by the evaluation).

Overall, the meta-evaluation score for 2022 evaluations was 8. WHO has also carried out the corporate evaluation on human rights and gender equality in 2021. WHO will continue to 'exceed requirement' for PI-04.

4ciii. Conducts at least one evaluation to assess corporate performance on gender mainstreaming or equivalent every 5-8 years.
A corporate evaluation of the integration of GEHR in the work of WHO was conducted in 2021, following a request 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 in 2021 allows for a ranking of 'exceeding requirements' in the overall score of the PI-04.

What modality was used for the assessment?
- External

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- No

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)
No, the COVID-19 did not directly affect the application of GEEW guidelines in our evaluations. However, COVID-19 pandemic restricted access to the most vulnerable populations for data collection. This is expected to change in the coming years.

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 audit plan of work. The risk assessment includes the "Gender, Diversity, Equity and Human Rights" (GRE) department as a separate auditable entity 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. The IOS audit unit has periodic meetings and consultations with the GRE department, as and when required.

In 2022, the IOS audit unit conducted the performance audit of the "WHO Results Report for 2020-2021", which included a targeted review of the reliability and integrity of the Gender, Equity, Human Rights and Disability (GERD) dimension of the Programme Budget 2020-2021 end of-biennium performance assessment. Specifically, the audit noted that self-assessed scores for the GERD dimension of the output scorecard need to be better supported by evidence. The audit also included a review of the "disability" area. Going forward, we plan to conduct audits of the "WHO Results Report" on a periodic basis.

The IOS audit unit covers GEHR considerations as part of the audits of HQ, regional offices (ROs), and technical programmes at WHO country offices (WCOs), as applicable. Specifically:

- IOS includes specific audit tests on GEHR related issues as part of integrated audits (integrated audits represent approximately 30% of the internal audits conducted by IOS in 2022). Since 2017, when the IOS methodology for GEHR review was revised in consultation with the GER team, the audit tests in the standard audit risk matrix for WCOs the engagement in interagency work on GEHR; and cover seven data sets (policies/strategies, guidelines/tools, workplans, health information systems, publications, communication materials, and donor reports), specifically: Gender analysis; Equity analysis; Gender transformative action; Equity action and AAAQ.

- Gender is also considered during (operational and integrated) internal audits (e.g., audit of the recruitment process, in the Human Resources section). As of 2017, an audit test has been added to the audit process to specifically include a review of gender equality related issues in the recruitment process. Since 2018, audit tests also cover compliance with WHO mandatory trainings. Such tests are updated periodically depending on new training requirements (e.g., "Prevention of Sexual Exploitation and Abuse" and "United to respect: Preventing sexual harassment and other prohibited conduct"). In 2021, IOS expanded audit tests in the area of Prevention of Sexual Exploitation and Abuse (see Annex I). In 2022, IOS conducted an advisory review of "Mandatory Training and iLearn Monitoring", which identified areas for potential improvement of internal controls over the management of mandatory trainings and related iLearn records.

Recommendations made as a result of internal audits are tracked via an audit management software until they are formally closed by IOS. Auditees are required to provide comments and evidence on the actions undertaken to implement such recommendations.

Allegations of Sexual Exploitation and Abuse and Sexual Harassment are investigated as a priority by the Investigation unit of IOS. The 2022 Report of the Internal Auditor to the World Health Assembly (A75/36) (which covers 2021 activities) includes a summary and provides information on the allegations received in these areas. The report notes that "The Office conducted a trend analysis of reports of concern received in 2021, particularly for allegations of sexual exploitation and abuse, sexual harassment and fraud" (paragraph 64), and includes sections on "Sexual exploitation and abuse" (paragraph 62) and "Sexual harassment" (paragraph 67) (see Annex II). With regard to the allegations of sexual exploitation and abuse linked to the

Response to the 10th Ebola outbreak in the Democratic Republic of the Congo, the Organization is following up on the findings of the Independent Commission. Also, additional resources have been allocated to the Investigation unit to address the backlog of investigation cases in this area.

The Report of the Internal Auditor to the World Health Assembly systematically includes relevant gender equality findings identified during internal audits and investigations. Specifically, the 2022 Report of the Internal contains a section on "Gender-related areas" (paragraph 41). The report also contains information on gender-related issues identified (paragraph 19). Gender-related observations identified during 2022 audits will be included in the 2023 Report of the Internal Auditor to the World Health Assembly.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)
As a result of the COVID-19 related travel restrictions, a number of audits performed in 2022 continued to be conducted in the form of desk reviews carried out from WHO headquarters, without field visits. Therefore, interviews with GEHR focal points, auditees and partners were performed through virtual meetings instead of face-to-face discussions. We were able to review the required documentation in relation to GEHR using our standard Internal Audit Risk Matrix; we therefore consider that we were able to obtain an adequate audit coverage of the GEHR area with this approach.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY
Performance Indicator: **PI6 Policy**
MEETS

6b. Up to date policies and plans implemented on gender equality and women's empowerment, including gender mainstreaming and the equal representation of women.
In 2022, WHO developed a Policy and Strategy on Health Equity, Gender Equality and Human Rights, which state WHO's commitment to gender equality and the empowerment of women anchored in health equity and human rights-based approaches. They outline strategic objectives, critical enablers for successful implementation and core accountabilities. The Policy and Strategy are aligned with key SDG targets and are grounded in WHO's commitment to support Member States to achieve the SDGs and contribute directly to the achievement of the 13th General Programme of Work which recognizes progress on health equity, gender equality and human rights as key to country impact.

The Policy and Strategy are underpinned by a monitoring and evaluation framework and a three-year costed action plan for the Programme on Gender Equality, Human Rights and Health Equity that describes in detail the activities and budget that will drive action at all levels of the organization.

These documents are the result of wide consultation. They were developed under the guidance of a 3-level Internal Working Group of WHO experts and WRs. Regular consultations took place with (1) a group of senior executives from sister UN agencies plus Gavi and Global Fund, (2) a group of regional and global external experts from academia and civil society, (3) a network of gender, rights and equity focal points from across WHO, and (4) a smaller group of internal technical experts from headquarters including from the Department of Gender, Diversity, Equity and Human Rights. The documents have also undergone a broad consultation across the three levels of the organization and will be considered by the Global Policy Group in January 2023 for final approval and a decision on modalities for launching.

In 2022, WHO also updated its gender parity policy which commits WHO to achieving gender parity across each level of the Organization, with a priority towards P4 and above, where progress to fill the gender gaps has been slow. The policy outlines a number of gender-responsive recruitment measures including requiring hiring managers to recommend equal number of

men and women candidates for selection of all jobs and retention measures including improved teleworking, maternity, mobility and other policies. The policy will come into force on 15 January 2023.

WHO also adopted an agenda for Diversity, Equity and Inclusion in 2022, operationalized in part through a Human Resources action plan, which aims to "lay the foundation of the procedures, processes and action plans which aim: (i) to attract and retain a diverse workforce, and (ii) to create a work environment welcoming to all, where everyone feels valued and can perform at their best regardless of their gender, gender expression, gender identity, race, religion or belief, nationality, ethnic or social origin, age, sexual orientation, marital status, disability, language or any other aspect of personal status. It is accompanied by a human resources action plan for diversity, equity, and inclusion".

Finally, WHO developed a 2023-2025 Strategy for the Prevention of and Response to Sexual Misconduct which outlines measures to achieve zero tolerance for any form of sexual misconduct by its workforce and implementing partners. The Strategy outlines 10 actions which contribute to 4 results: 1- WHO consistently takes a victim and survivor centered approach across the safeguarding cycle; 2 - WHO's policies, procedures and practices are consistent and geared towards safeguarding against sexual misconduct; 3- WHO's workforce and partners are enabled, capacitated and accountable or taking measures for safeguar5ding against sexual misconduct in its programmes and operations; and 4 - WHO's workforce displays a culture of ethical, gender-equal behaviour that protects everyone's right to a safe and respectful workplace which prevents sexual misconduct. Jointly, these policies and strategies foster an environment and accountabilities that foster gender equality and support women's empowerment.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- No

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY
Performance Indicator: PI7 Leadership
MEETS

7b. Senior managers internally and publicly champion gender equality and the empowerment of women.
Following the 2021 Evaluation on Gender, Equity and Human Rights (GEHR) in WHO, senior leadership has committed to strengthening WHO's efforts towards gender equality and women's empowerment as a top priority. In their management response, they accepted all recommendations and outlined remedial actions. In 2022, WHO developed a Policy and Strategy for Health Equity, Gender Equality and Human Rights that articulates the organization's vision and mission and outlines specific objectives and actions to achieve this vision. In 2022, WHO also launched a 5-year strategy to mainstream gender in the WHO Health Emergencies Programme (WHE).

The Director General (DG) has launched a special WHO initiative on Diversity, Equity, and Inclusion, including gender equality measures, which is fully funded and overseen by the WHO DG office. The initiative launched a three phase Listen, Learn and Act Together process which consisted in 1- a survey sent out to all WHO staff which was filled out by nearly 1,700 respondents and 2- 20 6-hour workshops informed by the analysis of the surveys that aimed to obtain insights from staff on what actions can drive change. Findings from this process have and continue to shape the human resources agenda and action plan on Diversity, Equity, and Inclusion. The DG and Assistant DG for Business Operations have been central in leading internal communications on this initiative.
The WHO DG has led internal communications on the prevention and response to sexual exploitation and abuse, launching an extensive internal programme consisting of capacity building, internal advocacy, and behaviour change.

The WHO DG has also taken a personal interest in the UNSWAP performance and remedial actions and is ensuring drastic

improvement of WHO performance. The significant progress we are seeing in UNSWAP performance in 2022 is a testimony to his renewed commitment and personal investment.

Advocates for gender equality and the empowerment of women in at least two of the following areas:
- Articulate in a public speech or equivalent, other than a speech on International Women's Day, a clear vision of how the entity gender equality and empowerment of women mandate will be achieved
- Promote equal representation of women in delegations to Governing Bodies, assemblies and/or intergovernmental fora

Please elaborate your selection below.
The WHO DG continued to be a strong advocate for gender equality and empowerment of women, particularly in the health workforce, in leadership in the health sector and at WHO. This is demonstrated by his numerous speeches to governing bodies and in various international fora, which call for more gender responsive efforts by the global health community. At the World Health Summit, he committed to promoting gender equity in health care systems and discussed WHO's efforts to support gender parity in the health and care sector. At the Global Health Security Conference, he highlighted WHO's recently adopted 5-year strategy to mainstream gender in its Health Emergencies Programme which aims to elevate the position of women in emergency preparedness, response operations and recovery to leverage their talents, perspectives and expertise. At the Africa Health Business Symposium, he called on participants to undertake research that focuses on women's needs, on gender norms and relations, and on generating more specific and actionable data. He also called for countries to better fund, design and deliver health services that address issues that affect women, as part of building strong primary health care systems based on universal health coverage. These selected examples demonstrate the active role that the WHO DG has taken in advocating for gender equality and women's empowerment. A recent analysis of the WHO DG's twitter account for 2022 reveals that he had 59 tweets that included the words: gender, equity or human rights out of 2,052 tweets. These tweets while relatively few proportionally to the total number of his tweets (representing a little under 3%) are quite impactful as they have the potential to reach the DG's 1.8 million followers. In his speeches the WHO DG also encourages delegations in intergovernmental body meetings to prioritize attendance of women as part of delegations. In addition to these speeches, WHO governing bodies has regularly called on Member States to consider applying gender parity in their delegations to WHO meetings since 2017. For instance, the invitation to the 2022 WHA includes the following request to member states: "in accordance with resolution WHA49.9 (1996), and to support the aim of achievement of SDG 5 (Achieve gender equality and empower all women and girls), the Director-General invites Member States to consider that gender balance be applied to their delegations." These processes have over the years improved gender balance. In 2021, gender parity was reached for Member States' delegates participating in the Health Assemblies: 48% men and 52% women with a significant increase for women chief delegates: from 25% in 2019 to 30% in 2021. While 2022 has seen a slight decrease in the number of women participants, the number of chief delegates has increased slightly to 31% for women. Additionally, in response to a publication by the International Gender Champions, Governing Bodies developed in 2020 a document entitled "Gender-Responsive Assemblies: An Agenda for Concrete Action" aiming at raising gender equality higher on WHO' s agenda, the recommendations from which will guide action for the coming years.

Ensures that accountability mechanisms are enforced so that the entity reaches equal representation of women in staffing within an appropriate time-frame, in particular at the P4 or equivalent level.
The current leadership has made it a priority to improve gender parity in WHO staffing and in particular in leadership positions. The percentage of women in the international professional staff category increased from 39.5% in 2017 to 46.8% in 2022. In 2022, women accounted for 35.7% of staff members at Director-level grades, increasing by 4.3 percentage points since 2017. In 2022, WHO's gender parity policy was updated to accelerate efforts towards gender parity in the WHO workforce, in particular at P4 and above where the progress has been somewhat slow. This policy builds on current efforts to strengthen diversity in the WHO workforce, including the guidance on the global harmonized selection process, which calls for managers to, all else equal, prioritize diversity, including gender diversity. The WHO regularly tracks progress towards its gender parity targets, providing an annual report to the EB and contributing its figures to the UN System-wide Dashboard on Gender Parity and the UN Secretariat Gender Parity Dashboard.

Prioritizes funds for achieving the entity's gender equality and the empowerment of women mandate through advocating for additional funds, and/or reallocating internal funds, consistent with decision-making authority
The WHO Director General has within his office three areas of work related to gender: 1) the prevention of and response to sexual exploitation and abuse; 2) diversity, equity and inclusion initiative and 3) gender, diversity, equity and human rights. He provides resources and close oversight to these programmes, ensuring their mainstreaming throughout the organization.

The WHO DG has progressively increased resources for the Programme on Gender Equality, Human Rights and Health Equity (GRE) to drive implementation of related work within the organization and with Member States. WHO has also initiated implementing a gender marker to track expenditure on activities that promote gender equality and the empowerment of women.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?

- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

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.
Combination of accountabilities and award mechanisms are in place.
Organizational Programme of Work (GPW13) includes gender parity indicator since 2017. Semi-annual reporting to WHO Governing Bodies includes gender parity performance. Existing HR policy ensures that a clear objective, governance process and accountabilities are defined.

Gender equality and the empowerment of women is integrated into performance evaluation of every staff and supervisor as mandatory competency to be demonstrated by staff. Moreover, online performance evaluation template includes this mandatory competency as one of the annual goals for every supervisor.

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 guided by WHO's Policy on Gender Parity. 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 (i.e., "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").

A 360-degree feedback exercise was launched in 2022 for 466 Managers and Directors as part of the WHO transformation journey, aiming to improve transparency and promote culture of openness and feedback. On-line questionnaire includes set of questions assessing leadership in promoting diversity, WHO's ethical charter, non-discriminatory decisions; role modeling zero tolerance for abuse of authority, discrimination, and harassment. Once fully rolled out, anonymous feedback for managers will supplement assessment of empowerment of women in organization.

Mentoring
The WHO global mentoring programme is part of an organizational development approach to support staff in career development. 180 mentors are currently available to facilitate career development discussions. Ten WHO staff members joined the ITC Mentoring Programme for Women as mentors or mentees. This programme aims to increase gender parity and empower women at all stages of their careers through one-to-one mentoring.

Career pathways and career development
The new career development programme entitled "Advance" was delivered in 2022 to promote women's leadership while

addressing the specific career development needs and challenges of female national professional officers and general service staff. A second cohort of the programme is scheduled to start in early January 2023.

Learning initiatives in support of empowerment of women on levels P4 and above
The Pathways to Leadership Programme, led by the African Region, continues to be implemented across Major Offices, with 20 women participants from EURO region and 27 women from francophone countries benefitting from this programme in 2022.

A diversity statement is included in the text of vacancy announcements, mentioning representation of women and priority consideration of applications from candidates from un/underrepresented groups, and providing a link to the newly created DEI webpage with workforce data on geographical distribution. This diversity statement also includes a dedicated email for the receipt of requests for reasonable accommodation for persons with disability.

WHO Gender Parity policy was updated in December 2022. It states that gender equality is a human right and highlights cascading accountability mechanisms, where "RDs and ADGs are accountable to meet annual targets on gender equality, and report to the DG on annual basis. Directors in the Regional Offices and Management Officers in HQ will be responsible for monitoring the implementation of this policy in their respective regions and departments. The HRT Department is responsible for the administration and reporting on the policy implementation. Every hiring manager and supervisor shall consistently use a gender-inclusive performance management goal that will support a more diverse workforce. Annual performance evaluation should be used to both highlight progress in achieving gender parity targets and acknowledge and recognize initiatives that are working well."

8cii. System of recognition in place for excellent work promoting gender equality and women's empowerment.
In 2015 WHO introduced Recognizing Excellence policy and annual Excellence Awards, including Director-General's (DG) Individual and Director-General's Team awards, Regional Director's (RD) Award, and HQ Award by DG. This policy stipulated that DG/RD in granting these awards will recognize one or more criteria, where the first success criteria is Gender and Diversity, with recognition for exceptional contributions to WHO's gender and diversity goals. This policy was updated in September 2022, and the 2022 edition of Awards for Excellence ceremony was livestreamed on 20 December 2022 in five languages, where DG together with RDs and HR Director announced the recipients of awards. All 861 nominations were reviewed, and outstanding WHO staff were globally recognized. Majority of 861 nominations included gender and diversity considerations, and the criteria chosen for more than 50% of awards were 'Gender and Diversity' and 'Leadership'.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)
The nature of work changed with increased virtual means of communication due to the increase in teleworking and remote working. In 2020-22 WHO proactively addressed the new situation by promoting flexible working arrangements, providing access to virtual resources such as psychosocial counselling and increased attention on the mental health and well-being of the workforce. in addition to revising policies and producing support materials, Covid-19 website was developed where information resources for WHO workforce were uploaded, at https://intranet.who.int/sites/covid19/ To achieve a healthy working environment, WHO's Department of Staff Health and Wellbeing has contributed to various programmes and initiatives, including the United Nations System-wide Forum on Occupational Health and Safety, chaired by WHO. In 2022, the WHO Mental Health Task Force proposed and facilitated activities to support and promote mental health at the workplace. The Task Force commissioned the development of an application to provide well-being resources to the WHO Workforce, and this application, the WHO Platform on Mental Health, was launched in May 2022. As part of the global COVID-19 response, the WHO Department of Staff Health and Wellbeing played a leading role within the United Nations System Task Force on Medical Evacuations (MEDEVACs) by establishing a MEDEVAC Medical Coordination Unit. The 24/7 MEDEVAC system aimed to support United Nations and humanitarian aid workers to stay and deliver their mandates during the pandemic. Since May 2020, the Unit conducted 441 MEDEVACs from 69 countries in all six WHO regions. The COVID-19 MEDEVAC mechanism was in operation until 31 December 2022.

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.

This report contains references to methodology used for operationalization and implementation of the Programme Budget (PB) 2020-2021, consistent with the previous UNSWAP reports where WHO reports on the figures as submitted to their governing bodies after the financial closure. WHO is approaching the requirements as it continues to work towards the introduction of a gender marker to quantify expenditure to promote gender equality and women's empowerment (GEWE). The WHO's results framework in its 13th General Programme of Work 2019-2023 (with approved extension until end 2025) and associated results chain with integrated outcomes and outputs that are results focused with strong emphasis to leave no one behind. The composite of the three areas gender equality, health equity and human rights (GEHR) are planned, monitored and reported on to Member States and partners annually at the World Health Assembly.

The Organization tracks planned cost and expenditures on GEHR in its enterprise management system (ERP) GSM:
1) under Output 4.2.6: "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored;
2) under Outcome 1.1: Improved access to quality essential health services irrespective of gender, age or disability, and particularly output 1.1.3: Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course, which included maternal health, sexual and reproductive health, women's, children's, and adolescent health; and,
3) mainstreamed throughout all other outcomes and outputs with partial tracking using a programmatic classification code "GER"; and
4) reported to the UN System Chief Executive Board for Coordination (UN CEB) on the expenditures at SDG target level.

Since the move from programmatic areas to an integrated framework, entities have had the option to use programmatic classifications to facilitate the monitoring and reporting of their programmatic work within the integrated framework. These programmatic classifications, a non-mandatory tag, allows the tracking of planned and implemented resources at product and service level in the workplans. The composite classification code "GER - 3.6 Equity, social determinants, gender equality and human rights" has been maintained to allow the user to indicate a percentage planned and implemented in equity, social determinants, gender equality and human rights (GER10-GER100).

WHO reports on the expenditures to the UN CEB on the SDGs. In the operational planning of the PB2020-2021, mandatory SDG target classifications were identified and linked to all products and services. This has allowed us to further identify financial resources going towards activities contributing to SDG5 and gender equality and women's empowerment related SDG3 targets (including 3.1 and 3.7).

The work on the new Enterprise Resource Planner - System for Programme Management (SPM) - is ongoing and the system will be used for the operational planning of the PB2024-2025. The SPM tool will improve the planning, implementation, and reporting of the products and services in the workplans across the Organization and improve monitoring throughout the implementation cycle with more tracking features to ensure that information is available for decision making, reporting and capacity building. The SPM tool will contain features to track expenditure on GEWE for the purpose of a gender marker, building on best practices in other UN organizations and horizon scanning. In the meantime, during the six-monthly review of the Programme Budget 22-23 all budget centres across the Organization were requested to review their use of the composite classification GER and add the classification to their products and services that contained work on GEHR. Clinics organized by the Planning Resource Coordination and Performance Monitoring department and the Gender, Diversity, Equity and Human rights (GRE) department trained staff to improve compliance rate. Also, in the biennium assessment of PB 2020-2021, all Units, Departments, Divisions in Headquarters, Regional Offices and Country offices completed the Output Scorecard with a dedicated section that aimed at self-assessing the mainstreaming of GEHR. It provided insights for learning and decision-making and underlined that every unit is accountable for GEHR integration. While the Output scorecard did not measure the financial resources invested, it required a stocktaking of the programmatic efforts in advancing the gender equality, health equity, human rights and disability. The entities scored their performance using a 4-point scale against the following criteria:
-Awareness raising and advocating for the reduction of inequalities of women and girls in all their diversity is conducted and

sustained
-Awareness raising and advocating for the reduction of gender inequalities and discrimination based on sexual orientation, gender identity, and gender expression is conducted and sustained
-Integration of gender, equity and human rights considerations utilizing participatory approaches for capacity building

This year, WHO produced its gender marker baseline figures based on expenditure tagged as contributing to GEHR in the 2020-21 biennium.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

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

Performance Indicator:
PI10 Financial Resource Allocation

APPROACHING

10a. Financial benchmark is set for implementation of the gender equality and women's empowerment mandate.
This report contains references to methodology used for operationalization and implementation of the Programme Budget (PB) 2020-2021, consistent with the previous UNSWAP reports where WHO reports on the figures as submitted to their governing bodies after the financial closure.

While WHO had not implemented gender markers in the reporting period, the Organization is currently in the process of gathering data through analysing: 1) the use of the composite GER classification (GER10-GER100); 2) the expenditures towards the relevant SDG targets, and 3) the investments to achieve outputs 1.1.3 and 4.2.6, which are outputs that have a clear gender equality component. In the absence of a gender marker, the following scenarios provide, with some overlaps, indicative benchmarks:
1) of the USD 11.7 million budgeted for 2020-2021, USD 9.8 million funds were made available and USD 9.6 million were spent (82% of budget) on 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored. Since the WHO has an integrated mainstreaming approach (gender along with equity and rights), these amounts reflect commitments and expenses for the three, integrated areas, not just for gender equality and women's empowerment;
2) of all expenditures for products and services in the WHO's workplans, USD 9.9 million are expenditures tagged with the composite classification "GER - 3.6 Equity, social determinants, gender equality and human rights" (GER10-GER100);
3) keeping a broader view on the investments in the area of GEEW, of interest is the budget and expenditures under the Outcome 1.1 "Improved access to quality essential services irrespective of gender, age or disability", output 1.1.3 "Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course" of the USD 223.4 million budgeted for 2020-2021, USD 194,5 million were made available and USD 182.1 million were spent (81.5% of budget). This area includes among others maternal health and sexual reproductive health and rights; and
4) the expenditures reported to the UN System Chief Executives Board for Coordination on the SDG5 and SDG3 (targets 3.1 and 3.7), amounts for the biennium 2020-2021 to USD 137.6 million out of the total Organizational expenditures of USD 7,279.9 million (for 2021 only, the expenditures amounted to USD 78.5 million out of USD 3,582.7 million spent on advancing SDG5 and SDG3 targets 3.1 and 3.7).
For the next reporting period, before the implementation of the gender marker, scenarios 1 and 2 will be used as a benchmark: the percentage of resources using either the GER classification or planned in Output 4.2.6 (without duplication): 0.27%.

Explanation about the calculation of the % benchmark:

In the absence of GEMs, four financial benchmarks provide information on the expenditures to advance the gender equality and womens' empowerment:

1) Expenditures in output 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored (0.13% of total expenditure)

2) Expenditures for the products/services classified "GER10-GER100" (0.14% of total expenditure)

Also of importance:

3) Expenditures in output 1.1.3 "Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course" (2.5% of total expenditure)

4) Expenditures in technical areas that are reported to UN System Chief Executives Board for Coordination on the SDGs on the SDG targets 3.1, 3.7 and 5.1. (these includes parts of the expenditures for 4.2.6 and 1.1.3) (for the biennium 2020-2021: 1.89%, for 2021 only: 2.19%)

Scenarios 1 and 2 will be used for the UNSWAP reporting as a benchmark for the period 2020-2021: the percentage of resources using either the GER classification or planned in Output 4.2.6 (without duplication): 0.27%. And will be used in 2022-2023 before the roll-out of the SPM tool and the gender marker that will create a new benchmark.

The percentages are calculated as following:

1) the expenditure amount for 4.2.6 divided by total expenditure for the Organization in 2020-2021

2) the expenditures for products/services classified "GER10-GER100" divided by the total expenditure for the Organization in 2020-2021 and the expenditure for output 4.2.6 or "GER10-GER100" divided by the total expenditure for the Organization in 2020-2021 divided by the total expenditures for the Organization.

3) the expenditures for the advancing output 1.1.3 divided by the total expenditures for the Organization

4) The expenditures for advancing SDG3, SDG targets 3.1 and 3.7 divided by the total expenditures for the Organization.

Total entity revenue in USD in the most recent reporting year:
7916000000

Financial allocation to the gender unit (excluding staff cost) for entities that have a gender unit or department.
5700000

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 GEWE.
0

Financial benchmark established for GEWE.
19655730

How was the benchmark established?
WHO's governing bodies approves the strategic budget at outcome level. The output 1.1.3 benchmark was included under outcome 1.1 and the 4.2.6 benchmark was included under outcome 4.2 in the Programme Budget 2020-2021 that was approved by the World Health Assembly in May 2019. The use of classification or the reporting on the SDGs are not subject to approval. The composite benchmark (scenarios 1 and 2) was established through discussions between the Planning, Resource Coordination and Performance Monitoring and Gender, Diversity, Equity and Human Rights Departments.

Percentage of financial resources spent on GEWE in the most recent reporting year
0

How is the percentage calculated?
Please see above - due to word limit the explanation cannot be included here.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

Performance Indicator:
PI11 Gender Architecture

MEETS

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

In 2022, the dormant network of gender, equity and human rights (GEHR) focal points was re-established. It consists of P4 level focal points and alternates across all departments at HQ with specific terms of reference and an allocation of 20% time dedicated to integrating GEHR into their programme's work. This network guides the integration of GEHR across all programmes at WHO, provides advice on GEHR documents, tools and strategies; meets monthly in a peer exchange forum to foster joint learning and collaboration and participates in monthly community of practice meetings where participants' capacities are built on a range of subjects. The network is anchored and supported by a Programme for gender equality, human rights and health equity (GRE) which consists of the department in headquarters; teams in regional offices; and national professional officers in country offices.

11bii. Gender department/unit is fully resourced according to the entity mandate.

In 2022, the Gender, Equity and Human Rights team was upgraded to a full-fledged WHO Department on Gender, Diversity, Equity and Human Rights (GRE) in the office of the Director-General. The recruiting process for the Director (D2) (from a previous P6 level team lead to lead the department is underway. In the meantime, the department has benefited from an acting lead and close oversight and support from the WHO DG and his Chef de Cabinet. During this transition period, the DG has provided necessary financial support and facilitated loans of human resources to strengthen the GRE department.

The GRE department further increased its capacity from three staff, one JPO, five consultants (three full time and two part time consultants) in late 2021, to nine staff (of which four are loans), three JPOs (three full time) and 5 consultants (3 full time and 2 part time) by December 2022. In addition, recruitment of two P5 senior technical officers are currently underway for two of the three technical areas of work. This represents more than a doubling of human resources at HQ from the previous year.

A leadership team for the GRE Programme has also been established and consists of the acting lead for the GRE department in HQ and the GRE leads from each regional office. This leadership team had its first retreat in seven years this November during which it finalized its input to the WHO Policy and Strategy for Gender Equality, Health Equity and Human Rights; advanced the related costed action plan and approved a resource mobilization plan, funding allocation principles and an advocacy and communications roadmap. The leadership team meets bi-monthly.

Total number of entity staff
8733

Total cost of all entity staff:
1253700000

Does the entity have a Gender Unit?
- Yes

Total number of staff in the gender unit:
1

Total staff cost of gender unit
337425

Has the remit of the gender unit recently expanded to address other cross-cutting issues than GEWE?
- Yes

If the gender unit addresses cross-cutting issues in addition to GEWE, please select all that apply:
- Parity
- LGBTQI+
- Racism

(If other) Please describe what other cross-cutting issues:
Equity, human rights, diversity and inclusion, intersectionality

Please explain the extent to which the additional cross-cutting issues have been accompanied by an increase of financial and human resources allocated to the Gender Unit
Following the upgrade to a full Department on Gender, Diversity, Equity and Human Rights (GRE), within the department three different units have been created, focusing on Gender, Human Rights and Equity respectively. While these units focus on their specific portfolios, work often overlaps and collaborative products are developed with the Gender Unit increasing the span of Gender work. In 2022, human resources in the department have markedly increased. While in 2021, the team had 3 staff (costing 1,055,925 USD in 2022), these were supplemented with 4 full time loans in 2022. By the end of 2022, the department also had three JPOs and 5 consultants (3 full time and 2 part time). Total amount of resources spent on staff and consultants in the department for gender, diversity, equity and human rights amounted to 2,607,091 USD in 2022. In addition to the recruitment for the P5 lead for the Gender Unit, recruitment for the P5 lead for the human rights unit was also advanced in 2022. This represents more than a doubling of human resources at HQ from the previous year

Where is the gender unit located in the organigram / reporting lines?
In the Director-General's Office. The acting lead reports to the DG's Chef de Cabinet.

Where is the gender parity function located?
Within the human resources department and technical advice on content of policies is provided by the Gender, Diversity, Equity and Human Rights department.

Total number of gender focal points
40

Number of gender advisor and women's protection advisor posts that have been vacant for six months or more.
0

Does the entity have gender advisors/specialists (not part of the gender unit)?
- Yes

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)
1116500

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

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.

The overall representation of women holding longer-term positions in WHO reached parity, with 50.1% women and 49.9% men for national and international staff holding long-term contracts across all categories, as of December 2022. The parity was nearly achieved for all types of staff appointment in the international professional and higher levels, at 48.6% women and 51.4% men (holding continuing, fixed term and temporary appointments as of December 2022.

WHO nearly achieved aggregate parity target in the representation of women in the international Professional and higher levels holding long-term contracts, with 46.8% as of December 2022, while noting an increase of 0.9% from 45.8% as of 31 December 2019 and pursuing balance at each professional level is still required. Parity was nearly reached at P5 level, with women representation at 46% in December 2022. At the USG and ASG grades parity was achieved in 2017 and sustained at USG level (50% in December 2022).

In December 2022, the representation of women holding long-term appointments is highest at the entry levels, P-1 and P-2 at 77 % and 58%, respectively, and decreases at the middle and higher professional levels, P3 level at 53%, P4 level at 45 %, P5 at 46% with wider gaps at senior grade showing 35.6 % (D1) and 35.9 % (D2). Gender imbalances persist at non-headquarters locations, except for Western-Pacific (58.6%) and European regions (51.1%). High representation of women at headquarters locations at 51.2 in 2019 has been sustained and reached 52.1 % in December 2022. The highest (8%) progress in the representation of women among regions was registered for WHO Western Pacific region, improving from 50% in December 2019 to 58.6% in December 2022. The proportion of staff members holding long-term appointments in the professional and higher categories increased to 77%, almost half of them are women. As of December 2022, the representation of women in the General Service category stood at 55.7%. Representation of women among National Professional Officers increased by 2.4% from 39.9% in 2019 to 42.3%. The highest (8.5%) increase in the representation of women among national staff was recorded for NOA (entry professional) level from 48.3 % in 2019 to 56.8% in December 2022.

Staff at professional and higher categories holding long-term appointments represent 38% of long-term staff, and only approximately 17% WHO workforce in 2022. Between 2021 and 2022, the representation of women increased in every staff category and in every region. In December 2022, the proportion of staff in the professional and higher categories from developing countries, and at the D1/D2 levels had increased since December 2019 by 2.7% and 4.9% respectively.

The new WHO Gender Parity Policy and Implementation Plan updated targets, actions and accountabilities for implementing the policy by 2026, mutually reinforcing diversity priorities: geographical representation and UNDIS indicators. The new targets were set for each underperforming level of international staff on fixed-term and continuing appointments and for all major offices and HQ departments of WHO. Implementation of this strategy will also further geographical diversity, particularly from underrepresented groups.

The actions defined in WHO implementation plan along with the WHO DEI agenda (issued in 2022) are expected to guide steps to improve diversity and create a supportive environment. The new measures will also promote a zero-tolerance culture for prohibited conduct, be conducive to expanded outreach and support intensified organizational culture initiatives.

Women comprised 33% to 35% of applicants for posts in the Professional and higher categories in the last few years. This indicates that increased efforts are needed to reach more women applicants, including improving the attractiveness of the WHO as an employer overall, and setting specific targets in geographic or programmatic areas where women are under-represented. Despite the low proportion of women among applicants, women subsequently comprised a higher proportion among those shortlisted, recommended and appointed. The overall share of selected women was 48.3% in July 2022.

The policy recognizes that women are disproportionally underrepresented at the managerial and senior levels, being particularly acute at the country and regional levels of organization. HRT will continue to engage with HQ departments and regional staff to remedy instances of gender inequality for WHO Representatives function.

Hiring managers have the responsibility to ensure that recruitment processes are implemented in fair and transparent manner ensuring gender inclusivity and diversity. The HR staff will work with hiring managers to encourage the representation of women at each stage of the recruitment process and ensure that reasonable accommodation requests are responded. The Temporary Special Measure for the achievement of gender parity will be introduced to establish that if a woman has applied for a position for which she is equally or better qualified than a man who is also shortlisted, at a staff level in which parity has not yet been reached, she should be selected for the position.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)
Beyond COVID, WHO have risen to the challenge in response to multiple health crises. Complex emergencies (Afghanistan, the Democratic Republic of the Congo, Ethiopia, Pakistan, Syria, Ukraine, and Yemen) and major outbreaks of monkeypox, Ebola and cholera, to name just a few, have necessitated WHO urgent action. During Covid-19, there was a decrease in recruitment, reduced outreach activities, and less applications received from women in 2022. In 2022, in addition to many important initiatives launched to combat the COVID-19 pandemic, WHO staff was heavily engaged to put into practice the five Ps: 1) Achieving 70% vaccination rates in many countries across the globe, thanks in large part to the ACT-Accelerator and its COVAX pillar; 2) Establishing the mRNA "hub and spoke" system to spread manufacturing capacities across the globe; 3) Advocating for and creating, with partners, a new Financial intermediary Fund (FIF) for Pandemic Prevention, Preparedness, and Response to provide a dedicated stream of long-term financing; 4) Making further inroads in the development of the WHO Hub for Pandemic and Epidemic Intelligence in Berlin; and 5) Progress on the Pandemic Accord – with it going to the World Health Assembly in 2024 for agreement. Such an accord marks a once-in-a-generation opportunity to provide a global framework for cooperation and accountability in preparation for and response to events with pandemic potential. Please also see response to Indicator 8 .

Gender parity data by level

	Female	Male
P1	23	3
P2	159	107
P3	530	419
P4	610	754
P5	387	451
D1	75	136
D2	23	43
ASG	5	7
USG	1	1

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

Performance Indicator:
PI13 Organizational culture

MEETS

13b. Organizational culture fully supports promotion of gender equality and the empowerment of women.
In 2022, WHO continued to create an enabling organization and fostering an inclusive culture supportive of gender equality and diversity through the following measures:

(a) Listen, Learn, and Act Together (LLAT) Project. Independent assessment of organizational culture (procedures were similar to audit exercise); WHO leadership aims to deepen the organization's capability to fully engage all WHO employees, embracing the diversity of race, gender, culture, nationality, ability, age, geography, and sexual orientation, as well as role, longevity, and other relevant differences present throughout the organization. In this regard, external consultancy company was hired to carry out the LLAT Project. The project team administered the survey by email to WHO workforce across all seven Major Offices (MO) of the organization, including the six regions and headquarters. The survey assessed employee experiences and perceptions of what "WHO should do to be as fully inclusive, equitable and diverse an organization as possible." The introduction to the survey explained that the survey was a first step in a larger process – the "Listen, Learn, and Act Together (LLAT) Project," – that will ultimately provide recommendations for a strategy and roadmap to enhance DEI in the organization. The second phase of this project included 2 series of Workshops called "Systems Sensing Workshops", almost 1,400 randomly selected workforce members plus all senior leaders were invited. During the workshops the systems thinking and systems change practices like the Iceberg Model and the Purposeful Detour were employed in order to get deeper into the themes that emerged from the Let's Talk Survey launched in July 2021, as well as about what is keeping WHO stuck or hindering progress on DEI. The analysis yielded six priorities for change or complex challenges. These capture the action areas of most significance, in the view of the participating staff members, for creating positive change related to Diversity, Equity, and Inclusion at WHO.

(b) Pioneering stance in parental leave, which has largely contributed to the recent ICSC recommendations for unified parental leave which promote equality, contribute to equity and gender parity, recognize the role of all parents and enhance the United Nations common system as an employer of choice. As part of WHO's strategy to create an enabling environment WHO increased the duration of maternity leave from 16 to 24 weeks, in October 2016 (earlier than the rest of the UN system). To continue to support family needs upon return to work, daily time off is granted for all mothers, both breastfeeding and non-breastfeeding, to nurture their child up to their first birthday. Flexible working arrangements are available for mothers continuing to breastfeed up to the child's second birthday. Subsequent to the increased duration of maternity leave WHO introduced in January 2018 an internal funding mechanism for temporary backfilling to support technical programmes, contribute to organizational effectiveness and ensure the well-being of staff. Striving towards inclusivity, in February 2018 WHO increased the duration of adoption leave from 8 to 16 weeks for a single adoption (18 weeks for a multiple adoption). At the same time WHO introduced Surrogacy leave of 16 weeks duration for a single child (18 weeks for multiple children).

(c) formalized process for regular all-workforce survey (RFP to establish LTA to administer surveys) and updated exit survey;

(d) new Flexible Working policy and plans for systematic tracking of FWA implementation and accessibility by gender and grade;

(e) design and development of new HR BI (live data illustrating workforce diversity per major office, and for up to 5 years statistics); and

(f) effective internal justice system (evaluated in 2022).

In 2022 critical policies were launched by WHO:
Diversity, Equity and Inclusion Agenda and corresponding Action Plan
Flexible Working Arrangements
Employment of persons with disability and SOP Reasonable Accommodation
For the first time, the HR Agenda for diversity, equity and inclusion for the WHO workforce, and an associated action plan, were published in May 2022. The purpose of the HR agenda is to lay the foundations for measures to attract and retain a diverse workforce and create a work environment that is welcoming to all, where everyone feels valued and can perform at their best.

WHO completed the update of its policy on the employment of persons with disabilities, which was published in early 2022. The policy provides for the full and equal enjoyment of all human rights and freedom for all persons with disabilities.
In cooperation with the UN Globe, for the first time, the selection of the Coordinator for WHO was advertised by HRT in October 2022. Coordinator selected through a formal process will represent interests of LGBTQ+ community of WHO. Similar process to select the UN Globe Coordinator for Lyon (where WHO has established new WHO Academy department) was initiated together with IARC.

Implement, promote and report on facilitative policies for maternity, paternity, adoption, family and emergency leave, breast-feeding and childcare
For a number of years, WHO has carried out the following facilitative policies: (a) for parental, family and emergency leave, breast-feeding/nursing and childcare. (b) work-life balance/professional and personal life integration, including part-time work and flexible working arrangements, such as staggered working hours, telecommuting. New flexible working

arrangements policy was launched in 2022.

As part of WHO's strategy to create an enabling environment WHO increased the duration of maternity leave from 16 to 24 weeks, in October 2016, earlier than the rest of the UN system Agencies. To continue to support family needs upon return to work, daily time off is granted for all mothers, both breastfeeding and non-breastfeeding, to nurture their child up to their first birthday. Flexible working arrangements are available for mothers continuing to breastfeed up to the child's second birthday. Subsequent to the increased duration of maternity leave WHO introduced in January 2018 an internal funding mechanism for temporary backfilling to support technical programmes, contribute to organizational effectiveness and ensure the well-being of staff.

Striving towards inclusivity, in February 2018 WHO increased the duration of adoption leave from 8 to 16 weeks for a single adoption (18 weeks for a multiple adoption). At the same time WHO introduced Surrogacy leave of 16 weeks duration for a single child (18 weeks for multiple children). These policies ensure consistency of application with maternity leave including nurturing time-off on return to work. The backfill funding mechanism was extended to include these leave types. Paternity leave for multiple births was increased to 8 weeks for staff at family duty stations and to 12 weeks for staff at non-family duty stations.

The following WHO policies contribute to greater gender equality.
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 an internal funding mechanism 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 are 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 is 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 arrangements 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. This may be availed of in two periods up to the child's first birthday.
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 up to the full 7 days.
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).
Staggered Working Hours may be requested under the Flexible Working Arrangements policy whereby staff members follow a system of flexible working hours, which operates during the normal working week only, permits staff members to choose their own daily work schedule around core hours, 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
Guided by the framework prepared by the WHO task force established by the Director-General to review flexible working arrangements and endorsed by the Global Policy Group in May 2021, the Department of Human Resources and Talent Management published the policy to introduce a holistic approach to implementing flexible working arrangements across all levels of the Organization in July 2022, to enter into effect on 1 September 2022.

FWA practices in WHO are advertised in Vacancy Notices (diversity statement part).
In 2022, the Mental Health Task Force proposed and facilitated activities to support and promote mental health at the workplace. Individual support, interactive webinars and support to teams on a range of topics were facilitated. The Task Force

commissioned the development of an application to provide well-being resources to the WHO Workforce, and this application, the WHO Platform on Mental Health, was launched in May 2022.

The Department of Staff Health and Wellbeing plays an essential role in outbreak and emergency response activities by protecting and promoting the health and well-being of WHO's global workforce. During the current COVID-19 pandemic, the Department has contributed to business continuity planning at WHO headquarters; worked with technical experts, human resources, building management and communications partners to develop occupational safety and health measures and guidance; and offered ongoing medical, psychological and social support to personnel, including contact-tracing and additional measures to protect and promote employee health during the COVID-19 pandemic. During the pandemic, the Department continued to provide support to other Grade 3 emergencies, including in Afghanistan, Democratic Republic of the Congo, Ethiopia (Tigray and northern Ethiopia), Guinea and Ukraine.

In September 2022, BOS/SHW launched a new Employee Assistance Programme to provide the global workforce with a 24/7 counselling service available in 48 languages with coverage in 70 countries. The service is available over the phone, email, or through an application.

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. Since 2020, the use of Teams and other IT tools were actively promoted, given the emerging needs in the context of COVID-19. In December 2022, DG authorized a "no meeting week" to promote time for individual work and projects.

The Teleworking module in GSM (ERP) was created in 2020 as online application and tracking mechanism. This policy was availed by staff at every professional and GS levels. The reports are available for both occasional and exceptional teleworking arrangements.

Recognizing the burden of stress and fatigue on staff, and the importance of creating a nurturing, enabling organizational environment where staff can thrive as a workforce, WHO launched an organization-wide Mental Health at Work Programme offering additional counsellors to support staff, Mental Health Mondays to convene as a community to build resilience, a Mental Health at Work platform and app, evidence-based mindfulness training, and an Employee Assistance Programme. There have been more initiatives to improve WHO working environment – including a Respectful Workplace, Lead Innovation, a growing Ombudsman's Network, and opportunities for staff to learn through iLearn and the UN Staff College.

Corporate HR policies and initiatives have been integrating gender and diversity aspects:
- Policy on Preventing and Addressing Abusive Conduct (replacing former 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
- Managed Mobility policy and simulation exercise – report published in 2022
- Policy on Recognizing Excellence - reviewed and updated in 2022
- Enhanced Career Management support in form of workshops, counselling, mentoring and coaching programmes – delivered throughout 2022
- Career Paths Initiative – ongoing in 2022
- Emotional Intelligence in the workplace initiative – launched by DG in 2020

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.

Meetings involving participation of GSS staff based in Malaysia and WPRO staff based in Philippines are scheduled for early CET hours to accommodate time difference between CET/regions.

Regular global staff surveys and and mandatory exit interviews

The following monitoring mechanisms are in place or being implemented: (a) conduct, disseminate results of, and report on regular global surveys and mandatory exit interviews which obtain and analyse data relevant for an assessment of the qualitative aspect of organizational culture; (b) implement policies for the prevention of discrimination and harassment,

including special measures for prevention from sexual exploitation and sexual abuse, ethics office, abuse of authority, administration of justice, conflict resolution and protection against retaliation.

WHO is committed to creating an enabling organization and fostering an organizational culture that is inclusive and supportive of gender equality and diversity.

An enabling environment does not rely solely on the discretion of individual managers. In 2022 the concept of the periodic organizational culture survey was reviewed to formalize its periodicity, and processes to track, monitor and report on implementation to collect workforce perceptions.

For the first time, HRT launched an RFP to select a provider and establish an LTA of up to 5 to 7 years to conduct corporate surveys, and to create an in-house database for benchmarking survey findings. From December 2017 to 2022, more than 30 specific all-staff surveys were conducted, primarily linked to major WHO Transformation Initiatives, in thematic areas including diversity, equity and inclusion, contract modalities, career pathways, mental health, innovation, teleworking and staff health and well-being. A survey governance mechanism is being put in place to reduce number of surveys, to combine requirements of various WHO departments, and to prevent cybersecurity incidents during surveys.
In December 2022, WHO put in place an updated version of an exit survey for staff who are leaving the organization with the aim of identifying the reasons staff, particularly women, leave the WHO with a view to addressing those concerns. Disaggregated reporting functionality will be available for the first time to collect and analyze perceptions of people with disabilities, and people of different origins.

Gender analysis of responses to the exit interview questions was carried out in 2021 to analyse the qualitative aspects of organizational culture and provide insight into issues that have a bearing on recruitment, retention, and staff experience.

Sexual harassment

Establishment of a robust Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) initiative to ensure WHO is a safe place to work. Since the Independent Commission provided its report on the sexual exploitation and abuse incidents during WHO's response to the 10th Ebola outbreak in the Democratic Republic of the Congo, WHO vowed to have zero tolerance for sexual misconduct and inaction against it. WHO streamlined reporting mechanisms, established WHO's Survivor Assistance Fund, and organized a series of educational webinars as part of the #NoExcuse campaign for all WHO personnel. WHO reviewed its policies and procedures relating to sexual misconduct and developed a comprehensive policy framework that puts the protection, rights, and dignity of victims and survivors at the forefront of the efforts.

Since the WHO policy on preventing and addressing abusive conduct (PAAC) was adopted in March 2021, covering harassment, sexual harassment, discrimination and abuse of authority (collectively, "abusive conduct"), the implementation plan has been rolled out, including a robust communication campaign and the dissemination of new communication materials and resources that regularly remind the members of the workforce of their duties in preventing and addressing abusive conduct. Particular emphasis is being placed on background verification through, in addition to other tools, the use of Clear Check, a United Nations system-wide electronic database that permits the screening of candidates and the sharing of, among other things, information on former personnel against whom allegations of sexual harassment or sexual exploitation and abuse were substantiated.

For current WHO mandatory training, the compliance rates as of Q4 2022, per course, are indicated below.
Prevention of sexual exploitation and abuse (PSEA) training: assigned on and effective from 3 November 2021 to all members of the WHO workforce (more than 15 000 individuals), who were required to complete the training by 3 February 2022. Current compliance rate: 93% compliance.

United to Respect - Preventing sexual harassment and other prohibited conduct (General and Manager) assigned on and effective from 16 March 2022 to all members of the WHO workforce (more than 15 800 individuals: General version – for staff without supervisor role – 13 320 staff; Manager version – for staff with supervisor role – 2 610 staff), who were required to complete the training by 16 June 2022. Current compliance rates: General 91% / Manager 89% compliance
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. Additionally, workshops and training sessions were 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.

Mandatory Team Objective in all PMDSs (individual annual performance evaluation) on sexual exploitation, abuse and harassment (SEAH) was introduced by WHO in 2021. WHO Action Plan to Prevent and Respond to Sexual Exploitation and Abuse was drafted in 2022.

To mark 16 days of activism against violence against women and girls, Prevention and Response to Sexual Misconduct team organised the exhibition. The "What Were You Wearing?" art exhibit invites the audience to walk amongst outfits worn by sexual assault survivors at the time of their attack. Together the 15 outfitted mannequins represent 1.3 billion survivors around the world. In his address, Dr Tedros referred to the journey over the past 18 months to address allegations of sexual misconduct in DRC, and to change our policies, procedures and practices. Among those changes is the shift to a victim and survivor-centered approach.

Effective 2022, WHO vacancy notices include the following text: "WHO has a zero-tolerance policy on conduct that is incompatible with the aims and objectives of the United Nations and WHO, including sexual exploitation and abuse, sexual harassment, abuse of authority, racism and all forms of discrimination. All selected candidates will, therefore, undergo rigorous reference and background checks, and will be expected to adhere to these standards and principles."

UN Ethics-related Legal Arrangements
For the first time in the Organization's history, WHO set in motion a process through which all staff can 'Have their say' in defining and shaping WHO's values. This initiative, which was proposed by staff in the context of the WHO transformation agenda, culminated in the 'WHO values jam' that took place in November 2018 and resulted in the subsequent drafting of WHO's first-ever values charter. The charter is the direct result of broad and global staff engagement and inputs over a period of 6 months to distill the values themes that staff feel speak to WHO's distinctiveness. The resulting draft of the charter includes people care about people.

The following policies are currently under review; proposed updates will be available in the SEA/SH or PRSEAH report to the governing bodies. The Code of Ethics and Professional Conduct, launched in 2017, 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. Future mandatory training initiatives comprise the WHO Ethics Empowerment mandatory training (to be issued in early 2023). 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
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
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
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

Internal justice system
The WHO continues to monitor the reform of the internal justice system launched in 2016; the resulting improvements have

included a greater emphasis on the informal resolution of disputes, which has significantly reduced the number of appeals. An external consultant was selected to conduct a review of the relevance, efficiency, effectiveness and independence of the internal justice system. The review process started on 17 January 2022 and was concluded on 17 April 2022 with the issuance of a report. The report found that the reform of 2016 was "a successful one" and that "WHO/UNAIDS have put in place the essential internal justice mechanisms to deal with work- related disputes both at a formal and an informal level." The report provides a list of recommendations aiming at improving the system in the areas of informal resolution, investigation and disciplinary processes, access to justice, legal assistance and whistleblower protection. A workplan is currently under discussion to implement those recommendations.

Effective 2022, WHO vacancy notices include the following text: An impeccable record for integrity and professional ethical standards is essential. WHO prides itself on a workforce that adheres to the highest ethical and professional standards and that is committed to put the WHO Values Charter (https://www.who.int/about/who-we-are/our-values) into practice.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)
Please see responses to PI8 and PI12

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY
Performance Indicator: PI14 Capacity Assessment
APPROACHING

14a. Assessment of capacity in gender equality and women's empowerment for individuals in entity is carried out.
In 2022, WHO issued its first ever organization-wide capacity assessment on gender equality, health equity and human rights. The 32-question survey aimed to gage the knowledge, skills and capacity building needs of WHO's workforce on gender equality, health equity and human rights. The assessment built on existing models from UNWOMEN and other UN agencies and included quiz questions to effectively test knowledge of survey takers on the thematic areas, in addition to assessing their perceived understanding of these areas. The results of this assessment will inform a three-year capacity building plan for all WHO staff which will be developed in Q1 2023.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- No

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY
Performance Indicator: PI15 Capacity Development
APPROACHING

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

In 2022, the HQ GRE department together with the GRE regional leads undertook capacity building of WHO staff and sometimes government counterparts on integrating gender, equity and human rights (GEHR) in health planning, including the COVID-19 response. Staff in at least 61 countries participated in these workshops which generated country workplans for gender, equity and human rights.

The GRE department worked towards the development of a WHO academy course on GEHR through the development of various modules that were field tested through eight regional workshops (9 hours each workshop) held in AFRO and EMRO bringing together over 500 WHO staff and national counterparts. A mixture of country workshops and shorter regional workshops were organized in AMRO, EURO, SEARO and WPRO. In addition, in AFRO, 9 countries, Benin, Democratic Republic of Congo, Ghana, Lesotho, Madagascar, Mauritius, Niger, South-Sudan, and Tanzania expanded this training to inter-sectoral teams to support their integration of intersectional gender issues into health and social programmes including the COVID response. Following this field testing, WHO is currently reassessing potential objectives of mandatory courses, reflecting on the need to have different objectives and content for different staff. The department for Gender, Diversity, Equity and Human Rights is seeking a capacity building expert that can refine objectives, assess best structures and platforms for adult learning and that will then develop modules specific to the various trainings. This expert is expected join the team in early 2023.

In the meantime, WHO has included a module on GEHR in its induction for new staff. Three induction sessions have been organized this year, exposing all new WHO staff to their role in mainstreaming gender, equity and human rights and introducing them to resources to facilitate this work.

WHO also organized a webinar on its internal recommendations for gender-responsive communications bringing together over 800 WHO staff. These recommendations aim to support WHO staff to develop internal and public communication materials that act as a positive force for driving gender equality and have been well received by staff. Training courses on gender responsive communications have been piloted in Cambodia, Fiji and with two groups of communications focal points at WHO HQ. A workplace channel has been launched on the recommendations and provides a space for staff to learn more about the effort. This course will be offered on a regular basis moving forward.

The Gender, Diversity, Equity and Human Rights Department has also worked with the WHO academy on a course to build the capacity of content developers on the integration of gender, equity and human rights in all Academy courses. This capacity building effort affects the gender responsiveness of all WHO courses developed.

The new WHO Strategy commits the organization to introduce a mandatory training on GEHR.

Please indicate whether there is a plan in place to implement the "I Know Gender" course as mandatory training on GEWE.
- Yes

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- No

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

VI. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE
Performance Indicator: **PI16 Knowledge and Communication**
EXCEEDS

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

WHO has taken important strides this year both internally and externally to boost our knowledge and communications work on gender issues. We reduced our rating in 2021 in the hope that it would keep us accountable and encourage further efforts towards truly exceeding requirements in this area. We believe we have achieved that this year. Several of the action points outlined in the 2021 UNSWAP report were successfully achieved and had a significant impact on WHO's gender work. These included: producing and disseminating internal recommendations for gender-responsive communications for WHO staff; develop training sessions in collaboration with GER to train staff on gender responsive communications; and working with an external provider to create an effective brand for all new gender-focused communications materials, guidelines and resources.

In 2022, WHO proactively shared a wide range of gender-responsive materials and messages around gender-focused health topics and took big steps through internal communications initiatives to mainstream gender in all areas of work. There is still much work to be done and we commit to continue expanding this work in 2023. As mentioned last year, we believe the structure of UNSWAP data collection table and criteria make it difficult to accurately reflect the qualitative nature of the efforts, as we can only tick the boxes of 16ci, 16cii and 16iii. It does not provide any flexibility to assess our work based on how well we are accomplishing each of the three indicators. Below we have provided brief comments on our work for 2022 in each of three areas, followed by an overview of the current status of our work and our plans to improve. There are still improvements to be made on gender mainstreaming in technical areas which are not intrinsically linked to gender issues.

Various human rights issues facing women such as abortion, violence against women and exploitative marketing were brought to the fore in the public eye this year. In response to this and in an effort to improve gender mainstreaming, WHO proactively shared a wide range of communications materials which had a gender focus, in particular on women's rights. Similar to 2021, a large proportion of WHO's communications around health and gender is focused on health topics which are gender specific or disproportionately affect a certain gender, for example cervical cancer, sexual health and reproductive rights, and violence against women. The Gender, Equity and Human Rights team in collaboration with the Department of Communications and the Sexual and Reproductive Health and Rights team have been working to increase our sharing of knowledge on gender equality and women's empowerment, and issues related to transgender people's health.

WHO carried out a range of awareness raising campaigns, many coinciding with global observance days, weeks or months. These successfully highlighted the gender dimensions of different health topics and the unique health challenges faced by women and girls, and in some cases men. They are outlined in detail in the attached supporting documentation. WHO also ensures a focus on providing materials in all six official languages wherever possible to improve accessibility.

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

The WHO communications plan was modified in 2021 in response to the UNSWAP requirements to include gender equality and women's empowerment. The way in which it is integrated could still be improved and we are working towards ensuring these issues are included as an integral component of internal and public information dissemination. As mentioned in 2021, 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 continue to work to ensure communications products disseminated on internal and external channels are gender sensitive. This year there was a major development in this area, with a comprehensive internal document and recommendations being produced on gender-responsive communications. This guide was rolled out with an official launch event and subsequent training sessions, which will be expanded in 2023. An internal Workplace page was also set up to facilitate open discussion and knowledge sharing on the topic. These tools are designed to guide colleagues in all areas of WHO on how to work on gender mainstreaming and producing gender-responsive communications in each of their technical areas. The team aim to roll out the trainings at all three levels of the organization.

WHO has taken great strides in improving our work on gender in the areas of knowledge and management. There is still work to be done in integrating gender concerns more meaningfully into our communications around all areas of work, not just those with a gender focus. But the communications being released internally and externally throughout 2022 have highlighted WHO's increased dedication, from the very highest level to work more effectively and efficiently on gender mainstreaming. The new recommendations released in 2022 will be an important asset for all WHO staff to draw on, and the Gender, Equity and Human Rights department, in collaboration with DCO, will continue to support staff to improve

communications on gender issues. They will also continue to advocate for sex disaggregated data in all technical areas, and for all communications released by WHO to be gender responsive.

16ciii. Entity is actively involved in an inter-agency community of practice on gender equality and the empowerment of women.
The groups WHO is connected with are:
• UN-SWAP Inter-Agency Network
• IANWGE: Inter-Agency Network on Women and Gender Equality
• Inter-Agency Standing Committee (IASC)
• UN Task Force on Violence Against Women
• UN joint programme on VAW data
• SDG3 GAP Gender Working Group
• UN Joint programme on essential services for violence against women

None of these groups are attended by the DCO department . They are all attended by members of our Gender, Diversity, Equity and Rights department and other departments in WHO.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

VI. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE
Performance Indicator: PI17 Coherence
EXCEEDS

17ci. Participates systematically in inter-agency coordination mechanisms on gender equality and the empowerment of women.
WHO participates in a number of standing and time-limited UN interagency bodies related to gender equality, women's empowerment, health equity and human rights including: the UN Interagency Network on Gender and Women's Equality and its working groups on Intersectionality and Rural Women, the UN Gender Focal Point Network, the SDG3 Global Action Plan Gender Working Group, the UN Interagency Working Group on the Call to Action (C2A) for Human Rights coordinated by the Executive Office of the SG, the C2A Sub Working Group: Rights at the Core of Sustainable Development; the UN Task Team: UN system-wide policy & strategy on protection from violence & discrimination based on SOGIESC; the UN Interagency Support Group on Indigenous Issues, the UN Network on Racial Discrimination and Protection of Minorities, the UN Inequalities Task Team of the High-Level Committee on Programmes, and the Rural inequalities subgroup of the UN Inequalities Task Team.

WHO's leadership and participation in these bodies has strengthened the integration of health, equity, human rights and gender considerations. As part of these working groups, in 2022 WHO contributed to the Guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment, Operationalizing Leaving No One Behind: Good Practice Note for UN Country Teams, the SDG Human Rights Focal Points Network: Baseline Report on Integrating Human Rights Based Approach (HRBA), Gender Equality and Women's Empowerment (GEWE), LNOB in new Common Country Assessments and Cooperation Frameworks, and the UNSDG, Foundational Course on UNSDCF Guiding Principles: HRBA, GEWE & LNOB among others.

WHO reports annually on the UNSWAP on Gender Equality and the Empowerment of Women under the UN System-wide

Action Plan and contributes to the UN System-wide Dashboard on Gender Parity and the UN Secretariat Gender Parity Dashboard. In 2022 the implementation of the remedial action plan related to the UNWAP on GEEW has resulted in projected improvements in a substantial number of categories.

17cii. Participates in a UN-SWAP peer review process.
In 2020, the WHO partnered with the International Trade Center (ITC) and conducted a peer review of the 2019 UN-SWAP reports for both organizations. The gender/UN-SWAP teams in both entities engaged with Business Owners in each organizations, organized meetings and convened fruitful discussions and collaborations that lasted beyond the completion of the peer-review. The process facilitated mutual learning and fostered continued collaborations.

17ciii. Supports implementation of at least one UN-SWAP Performance Indicator in another entity.
WHO's continued collaboration with ITC offered the opportunity for continued mutual learning. WHO provided support to the development of a mentoring programme for women by ITC and on the integration of gender considerations in their exit survey. The ITC mentoring programme for women is one of the organization's gender parity initiatives and recognizes the importance of creating an enabling work environment, interagency collaboration and through the mentoring exchange, a culture of inclusion. WHO and ITC also initiated and engaged in an interagency working group on harmonizing mandatory exit questionnaire across agencies to better capture gender related factors that contributes to attrition of women. WHO has continued to be an active member of the UN-SWAP Gender FP networks, engaging with other entities and providing support and initiating collaborations with other agencies.

Has the entity's work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period?
- Yes

(If yes): Please briefly explain how the work has been impacted (no longer mandatory)

VIII. World Health Organization ACTION PLAN 2022

PI1 Strategic Planning Gender-Related SDG Results MEETS	Action Plan	WHO's next GPW (in 2026) will have one high-level transformative result on gender equality and the empowerment of women which will contribute to meeting SDG targets.
	Responsible For follow up	DDI and GER
	Resources Required	0
	Use of Funds	Within existing work budgets.
	Timeline	3 years

PI2 Reporting on Gender-Related SDG Results APPROACHING	Action Plan	- As of 2023, WHO's Mid-Term Reviews and End of Biennium Reports on its Programme Budget will systematically provide information on the collection of sex-disaggregated data, and the analysis from available data.- To review and categorize the indicators to identify those for which sex disaggregation is relevant.
	Responsible For follow up	DDI
	Resources Required	0

	Use of Funds	Within the existing budget	
	Timeline	12 months	

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

PI4	**Action Plan**	-Re-establish the Global Network on Evaluation (GNE), which will include the Evaluation Office staff and evaluation focal points in the regional offices in January 2023. - Conduct several capacity building initiatives (webinars, facilitating participation in external professional evaluation events and learning opportunities) on GEHR integration in evaluations for the GNE, which includes Evaluation Office staff and evaluation focal points in the regional offices.- Prepare guidelines to promote explicit inclusion of each dimension of gender equality, health equity human rights and disability in their own right, both in content and design of the evaluation. EVL is developing guidelines for evaluation managers in how to integrate GEHR at the design stage and throughout evaluations. - Conduct an internal analysis and discussion of the results of the UNSWAP assessment over the years to address any recurring weakness, capture, learn and disseminate good practices in evaluations that score highly on the UNWAP assessment and develop recommendation for improvement. Some of the evaluations included in the sample of the PI4 indicator over the years have demonstrated good practices that merit to be documented and reflected upon in order to improve the integration of GE and HR in different types of evaluations. In the 2022 sample for example, it is noteworthy that one evaluation, the Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition, scored highly of GE and HR whilst the programme evaluated appears to have lacked focus on GE and HR. The evaluation documented how these aspects had not been well captured in the programme, pointing out missed opportunities for partnerships and data analysis on these issues. As part of the proposed analysis and learning process, the Evaluation Office will conduct an internal analysis and discussion of the results of the UNSWAP assessment over the years to address any recurring weakness or recommendation.- Strengthen guidance from the Evaluation Office on inclusion of gender equality and human rights considerations in evaluations. In particular, this will entail ensuring that a range of elements are in place in the conduct/methodology of evaluations, such as ensuring inclusiveness in stakeholders mapping, disaggregating primary data by gender and other relevant vulnerability factors, or considering non-binary aspects of gender. This work is on-going and will be completed in the next year.
Evaluation		
EXCEEDS		
	Responsible For follow up	The Evaluation Office will work in collaboration with the GEHR department and Regional Office evaluation officers to ensure that GEHR considerations are included in the design and content of both. The Evaluation Office will provide support and quality assurance for both corporate and decentralized

		evaluations. The Evaluation Office will also provide capacity building opportunities in this regard and build a stronger community of practice across the Organization through the GNE. Finally, the Evaluation Office will also conduct an analysis of factors that have facilitated or hindered the integration of these dimensions.
	Resources Required	75000
	Use of Funds	- Conduct several capacity building initiatives on GEHR integration in evaluations for the Global Network on Evaluation (GNE), which includes Evaluation Office staff and evaluation focal points in the regional offices (webinars, facilitating participation in external professional evaluation events and learning opportunities): estimated US$ 20 000 − 2-3 webinars per year on gender equality integration and human rights-based approaches at US$ 1 000 per webinar and facilitation of participation of 5-6 GNE members per year in external professional events and learning opportunities- Prepare guidelines to promote explicit inclusion of each dimension of gender equality, health equity human rights and disability in their own right, both in content and design of all the evaluations: US$ 5 000 in 2023- Conduct an internal analysis and discussion of the results of the UNSWAP assessment over the years to address any recurring weakness, capture, learn and disseminate good practices in evaluations that score highly on the UNSWAP assessment and develop recommendations for improvement: internal analysis only involves staff time but if commissioned externally US$ 5 000 as a ballpark figure- Strengthen guidance from the Evaluation Office on inclusion of gender equality and human rights considerations in evaluations: estimated US$ 40 000 - up to 2 days per evaluation for a quality assurance adviser at US$ 820/day for an estimated 12 decentralized evaluations per year for 2023 and 2024
	Timeline	2 years

PI5 Audit **MEETS**	**Action Plan**	- To update the GEHR audit methodology, if needed, once the "WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights" is finalized in Q1 2023.- To conduct a gender audit in 2024, for the following reasons: (1) In 2021, the WHO Evaluation unit carried out an evaluation of gender equality and gender mainstreaming, and a significant number of recommendations are still under implementation. IOS will continue to follow up and assess whether any of the identified risks warrants a dedicated gender audit in the future. (2) During 2023, the "WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights" will be finalized and its implementation will start.
	Responsible For follow up	IOS Audit unit, with support from HQ/GER.
	Resources Required	0
	Use of Funds	No additional costs involved. Covered by existing IOS staff resources.
	Timeline	two years

PI6 Policy MEETS	**Action Plan**	An executive-level Steering Committee will be established to oversee the implementation of the policy, strategy and monitoring and evaluation framework in 2023.
	Responsible For follow up	The WHO Department for Gender, Diversity, Equity and Human Rights in the Director-General's Office will serve as the secretariat for this Steering Committee.
	Resources Required	104825
	Use of Funds	Management of the Steering Committee will be provided by the GDER department. The following human resource capacities are anticipated: - Director: 5% for oversight - Programme Manager: 10% for planning meetings, preparing background documents and monitoring the implementation of the Strategy- Administrative assistant: 5% for organization of meetings and administrative support- Technical leads for gender, equity and human rights: 5% for thought leadership on agenda items and associated papers Meetings are assumed to be virtual and currently no travel or meeting costs have been included. The above referenced costs have been included in the 2023-2025 Costed Action Plan for the WHO Programme for Gender Equality, Health Equity and Human Rights which serves as the basis for overall resource mobilization.
	Timeline	Three months

PI7 Leadership MEETS	**Action Plan**	- Develop a checklist for DG's speech writers to support their integration of GRE in DG/DDG/ADG and director speeches more systematically - Increase internal communications from executive management to all staff on GRE issues- Develop and disseminate factsheets on integrating GRE for each WHO programme
	Responsible For follow up	The WHO Department for Gender, Diversity, Equity and Human Rights will work with the Office of the Director General to enhance advocacy on gender equality and women's empowerment by WHO leadership.
	Resources Required	77000
	Use of Funds	The costs of the activities account for: • Technical Officer Gender: 10%• Technical Officer Partner Engagement and Advocacy: 5%• Technical officer Equity: 5%• Technical Officer Human Rights: 5%Costs for technical officers in the different WHO Programmes are anticipated to be absorbed by different programmes.
	Timeline	12 months

PI8 Gender-responsive performance management	**Action Plan**	- Work with ERP team to ensure carry over of individual performance evaluation features, in particular performance assessment of progress to achieve gender parity goal is reflected in new ERP template; Architecture Design sessions to take place in early 2023 - Continue with annual Awards of Excellence process with Ceremony in December every year Please see more details in attached Gender Parity Implementation Plan for 2023-24
	Responsible For follow up	HRT

EXCEEDS	**Resources Required**	0
	Use of Funds	Existing HRT funds
	Timeline	12 months

PI9 Financial Resource Tracking APPROACHING	**Action Plan**	- Develop and implement the gender marker, including user instructions and definitions of scores and linkages to SDGs building on results of analysis and review of best practice within the UN system, the Output Scorecard dimension 4 and discussions with units and departments. -Train, advocate for and communicate on the GEMs to ensure high compliance; and -Establish continuous monitoring and evaluation of the GEM application. The plan is to introduce the marker in the operational planning of Programme Budget 2024-2025, which starts in the third quarter of 2023. The new SPM tool is still under development but is expected to be implemented in time and contain the feature to add a four-point gender marker to the products and services. This will allow to plan, monitor, and report financial investments into gender equality and women's empowerment, and also identify capacity gaps and mobilize resources.
	Responsible For follow up	The follow-up and implementation of GEM is the joint responsibility of the Planning, resource coordination and performance monitoring (PRP) and the Gender, Equity and human rights (GER) departments. PRP, in discussion with GER, is responsible for the development of the SPM tool and oversee the inclusion of the feature to add the four-point score in the tool. GER, in collaboration with PRP, is responsible for the development of the GEMs including instructions for use, definition of the score and linkages to SDGs.
	Resources Required	118600
	Use of Funds	20% of a consultant at band level C for 12 months (USD14000*12*0.2) ~ USD 33,600 20% of a staff member at P3 level for 12 months (18750*12*0.2) ~USD 45,000 Changes to the functionalities that are outside of the agreement with the vendor: ~USD 30,000 Development of training and communications material and translation to French and Spanish (if needed): USD 10,000 Costs for additional staff time for reviewing and testing the tool and providing input into the development of the GEM are not included in the calculations and will be mainstreamed in the regular workplans. Some funds may be available as part of the SPM tool development and as staff costs are covered centrally, additional funds will need to be mobilized.
	Timeline	12 months

PI10 Financial Resource Allocation APPROACHING	**Action Plan**	The application of the composite GER classification on products and services will continuously be encouraged throughout the biennium 2022-2023 in order to provide a wider picture of the financial resources that are used to further the gender equality, equity and human rights. The baseline from 2020-21 is expected to be surpassed with the availability of better financial and programmatic data paired with a renewed focus on GEHR. It should be expected to further refine the baseline after the first year of the biennium 2022-2023 (to be reported to UNSWAP next year). The result of the implementation of the gender marker in the operational planning of the

		programme budget 2024-2025 will enable the creation of a new baseline expected to be available after the financial closure in 2026.
	Responsible For follow up	This is the joint responsibility of the GER and PRP departments, with decision by the Director-General and Member States.
	Resources Required	0
	Use of Funds	Internal resources will be committed to the work on the benchmark.
	Timeline	24 months

PI11 Gender Architecture MEETS	**Action Plan**	- Develop a 3-level organigram for the GRE programme to enable delivery of the WHO Strategy on Health Equity, Gender Equality and Human Rights- Develop post descriptions and create posts for GEHR positions outlined in the 3-level organigram- Hire one additional post dedicated to GEHR outlined in the organigram in each regional office in 2023
	Responsible For follow up	The Gender, Diversity, Equity and Human Rights department will work closely with gender, equity and human rights leads in regions and with human resources to ensure timely recruitment.
	Resources Required	8158000
	Use of Funds	The above referenced costs have been included in the 2023-2025 Costed Action Plan for the WHO Programme for Gender Equality, Health Equity
	Timeline	12 months

PI12 Equal representation of women APPROACHING	**Action Plan**	- Managers and HR staff will use the HR BI Dashboard (designed and developed in 2022) and regular reports to WHO Governing Bodies to facilitate analysis of staffing decisions. All hiring managers will be given access by HRT to real-time staff data to better understand how hiring decisions impact progress towards gender parity. - Hiring managers will be required to attend refresher training sessions on competency-based interviewing (CBI), including the unconscious bias course, every three years. Over 180 men in professional and higher positions will retire over the next four years, providing opportunities to diversify workforce.
	Responsible For follow up	HRT
	Resources Required	0
	Use of Funds	Within the workplace and budget of HRT for 2023
	Timeline	2 years

	Action Plan	To introduce a biennial survey of all WHO workforce to access staff perceptions on workplace culture, including gender and other dimensions of

PI13 Organizational culture NOT APPLICABLE		diversity. - Managers who meet their targets will be acknowledged in internal communications. - Managers will be encouraged to exercise flexibility to support the work-life balance of both staff members and managers; the HRT will hold information sessions on Flexible Working Arrangements (issued in August 2022) and updated parental policies (effective January 2023). - Launch updated Exit Questionnaire - Launch bi-annual Organizational Culture survey in April 2023 to establish WHO baseline for future benchmarking; and follow up Pulse survey to focus on specific topics and offices More details can be seen in Gender Parity Implementation Plan (2023-24), DEI Action Plan (2022-25)
	Responsible For follow up	HRT
	Resources Required	0
	Use of Funds	Part of the workplace and budget of HRT
	Timeline	2 years

PI14 Capacity Assessment APPROACHING	Action Plan	In 2023, based on the results of the capacity assessment, WHO will develop of a 3-year capacity building plan, across the three levels of the organization.
	Responsible For follow up	This capacity building plan will be developed by the GRE+ Programme.
	Resources Required	133000
	Use of Funds	133,000 USD to cover human resources responsible (P4 level consultant) for developing the capacity building plan and overseeing its implementation.
	Timeline	12 months

PI15 Capacity Development APPROACHING	Action Plan	Develop a capacity building course on GEHR as part of the capacity building plan.
	Responsible For follow up	This activity will be implemented by the Gender, Diversity, Equity and Human Rights Department.
	Resources Required	40000
	Use of Funds	40,000 USD have been attributed to this work for course development, webinars, workshops, meetings. Costs of adaptation, replication and implementation at regional and national levels will be born by respective offices.
	Timeline	12 months

	Action Plan	- Working on the 2023 Communications Plans and Strategy to integrate gender concerns more seamlessly and meaningfully. - Ensuring active

PI16 Knowledge and Communication **EXCEEDS**		involvement of DCO in one or more inter-agency communities of practice on gender equality and the empowerment of women.- Establish a Gender and Communication 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. - Adapt the gender-responsive communications to provide recommendations to all external communications suppliers to ensure gender mainstreaming and consistency across all WHO material and visuals.- Expand the trainings for gender-responsive communications to reach all different technical departments at the three levels of the organization. The trainings will also be made available for communications teams, speechwriters and senior management, to ensure all those working on high-level communications are confident in creating materials that are gender responsive. - 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.
	Responsible For follow up	The Department of Communications and gender focal points throughout WHO, with support from the GRE department.
	Resources Required	0
	Use of Funds	Within the DCO budget
	Timeline	12 months

PI17 Coherence **EXCEEDS**	**Action Plan**	Identify and support a partner with efforts towards GEEW.
	Responsible For follow up	The WHO GRE Programme
	Resources Required	0
	Use of Funds	Gender specialists already exist within the organization as such the cost is accounted for. This will be done as part of the existing staff costs of gender specialists within the organization.
	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	PI1-2_A74_5Rev1-en_programme budget 2022.2023
Strategic Plan/Strategic Framework or equivalent	PI1-2_gpw-13-extension_ms-consultation_30jun_summary_8jul22
Strategic Plan/Strategic Framework or equivalent	PI1-2_Methods for impact measurement_version 2.1_2020
Strategic Plan/Strategic Framework or equivalent	PI1-2_Operationalizing committments.leaving no one behind_2022
Strategic Plan/Strategic Framework or equivalent	PI1-2_results report_thirteenth programme of work_2020.2021
Strategic Plan/Strategic Framework or equivalent	PI1-2_Triple_billion_targets_httpswww.who.intdatastoriesthe-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact_2022
Strategic Plan/Strategic Framework or equivalent	PI1-2_WHO-Thirteen general programme of work_2019.2023
Other	PI1_A75_32-en_programme budget 2020.2021

PI2 Reporting on Gender-Related SDG Results

GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT

APPROACHING

Category	Documents
Annual report	PI1-2_A74_5Rev1-en_programme budget 2022.2023
Annual report	PI1-2_gpw-13-extension_ms-consultation_30jun_summary_8jul22
Annual report	PI1-2_Methods for impact measurement_version 2.1_2020
Annual report	PI1-2_Operationalizing committments.leaving no one behind_2022
Annual report	PI1-2_Operationalizing committments.leaving no one behind_2022
Annual report	PI1-2_results report_thirteenth programme of work_2020.2021
Annual report	PI1-2_Triple_billion_targets_httpswww.who.intdatastoriesthe-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact_2022

Annual report	PI1-2_WHO-Thirteen general programme of work_2019.2023
Annual report	PI2_World Health Statistics report 2022
Annual report	PI2–UNSWAP report to PBAC36_4-2022

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
Report of corporate gender mainstreaming evaluation	PI4-Evaluation of the integration of GEHR in the work of the WHO_Annexes_2021
Report of corporate gender mainstreaming evaluation	PI4-Evaluation of the integration of GEHR in the work of the WHO_Brief_2021
Report of corporate gender mainstreaming evaluation	PI4-Evaluation of the integration of GEHR in the work of the WHO_Management Response_2021
Report of corporate gender mainstreaming evaluation	PI4-Evaluation of the integration of GEHR in the work of the WHO_Report_2021
Other	PI4-WHO Evaluation_Summary of the independent evaluations included
Evaluation Terms of Reference	PI4- WHO Eval Performance Indicator Scorecard 2022-V10.01.2023

PI5 Audit

GENDER-RELATED SDG RESULTS / OVERSIGHT

MEETS	
Category	**Documents**
Annual audit report	PI5-Annex II-WHO 2022 Report of the Internal Auditor A75-36
Tools_ auditing GEWE	PI5-Annex I Extract from the audit matrix - gender related tests Dec 2021

PI6 Policy

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

MEETS	
Category	**Documents**
Gender Policy/Strategy	PI6_Strategy_for Health Equity Gender Equality Human Rights
Gender Policy/Strategy	PI6 _ Policy for Health Equity Gender Equality Human Rights
Gender Policy/Strategy	PI6_Diversity Equity and Inclusion Agenda
Gender Policy/Strategy	PI6_HR DEI Action Plan
Gender Policy/Strategy	PI6_Strategy for the Prevention of and Response to Sexual Misconduct

PI7 Leadership

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

MEETS	
Category	**Documents**
Speeches	PI7_DG GEEW related twitter messages
Speeches	PI7_WHO DG speeches 2022
Governing body minutes	PI7_ 2022 WHA invitation - Member States
Other	PI7-2023 HR report to EB–B152_47-en
Other	PI7-Gender Parity Implementation Plan 2023-24-pending approval
Other	PI7-WHO Gender Parity Policy 2023-26-pending approval

PI8 Gender-responsive performance management

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

EXCEEDS

Category	Documents
Performance management document	PI8award list1
Performance management document	PI8award list2022
Performance management document	PI8Career Paths Initiative
Performance management document	PI8-ePMDS2022
Performance management document	PI8Excellence award policy 2022

PI9 Financial Resource Tracking

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

APPROACHING

Category	Documents
Gender Marker Guidelines	PI9 output scorecard user guide EOAB21_UNSWAP22
Gender Marker Guidelines	PI9_PI10_A75_33-en_Audited statement_2021 UNSWAP22
Gender Marker Guidelines	PI9_PI10_expenses_sdgs 2020-2021_UNSWAP22
Gender Marker Guidelines	PI9_PI10_PB portal_results report_scorecard video_links_2021_reportingUNSWAP22
Gender Marker Guidelines	PI9_PI10_Programme budget 20-21_UNSWAP22

PI10 Financial Resource Allocation

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	**Documents**
Annual report	PI9_PI10_A75_33-en_Audited statement_2021 UNSWAP22
Annual report	PI9_PI10_expenses_sdgs 2020-2021_UNSWAP22
Annual report	PI9_PI10_PB portal_results report_scorecard video_links_2021_reportingUNSWAP22
Annual report	PI9_PI10_Programme budget 20-21_UNSWAP22

PI11 Gender Architecture

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

MEETS	
Category	**Documents**
Gender Policy/Plan/Strategy	PI6_Strategy_for Health Equity Gender Equality Human Rights
Gender Policy/Plan/Strategy	PI6_Policy for Health Equity Gender Equality Human Rights
Focal Point Terms of Reference	PI11_TOR GEHR Focal Points - HQ Departments

PI12 Equal representation of women

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

APPROACHING	
Category	**Documents**
Gender Parity Statistics	PI12.gender parity statistics docx
Parity Strategy/ Implementation Plan	P12 Gender Parity policy Jan 2017
Parity Strategy/ Implementation Plan	PI12Gender Parity Policy 2022

PI13 Organizational culture

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

MEETS

Category	Documents
Leave Policy	03_2022_EN_Information_Note_-_Policy_on_employment_of_persons_with_disabilities
Leave Policy	05_2022_EN_Finalizing the 2021 and conducting the 2022 ePMDS (1)
Leave Policy	P13FWA
Leave Policy	P13Parental Leave
Leave Policy	PI13_Questionnaire for establishing a GER Focal Point Network across WHO_Preview
Leave Policy	PI132016 Amendments to WHO eManual III.6.16 -Maternity leave_en
Leave Policy	PI132018Maternity policy
Leave Policy	PI13-code_of_ethics_full_version
Leave Policy	PI13Maternity Fund
Leave Policy	PI13-policy-on-addressing-and-preventing-abusive-conduct-01032021
Leave Policy	PI13PosterValuesEn
Leave Policy	PI13-whistleblowing-and-protection-against-retaliation-pamphlet-en
Leave Policy	PI13WHO Policy on Preventing and Addressing Sexual Misconduct CONSULTATION DRAFT 12092234 clean formatted
Leave Policy	PI13WHO_Diversity_Equity_and_Inclusion_Agenda
Leave Policy	PI13-WHOwhistleblowerpolicy

PI14 Capacity Assessment

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY

APPROACHING

Category	Documents
Capacity assessment survey/questionnaire	PI14_GER Capacity Assesment

PI15 Capacity Development

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY

APPROACHING

Category	Documents
Training module	PI15_ Strategy_for Health Equity Gender Equality Human Rights - mandatory training

PI16 Knowledge and Communication

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

EXCEEDS

Category	Documents
Other	GER Digital Communications, 2022 Report[6]_ - Read-Only

PI17 Coherence

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

EXCEEDS

Category	Documents
Peer Review report	PI17-ITC review of WHO performance_FINAL-20.01.2021
Peer Review report	PI17-WHO review of ITC performance_FINAL 27.01.2021
Other	PI17_ International Trade Centre - Mentoring Programme for Women

UN-SWAP 2.0

ACCOUNTABILITY FRAMEWORK FOR MAINSTREAMING GENDER EQUALITY

AND THE EMPOWERMENT OF WOMEN IN UNITED NATIONS ENTITIES

FOR MORE INFORMATION ON THE UN-SWAP

PLEASE VISIT

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

UNITED NATIONS SYSTEM COORDINATION DIVISION, UN WOMEN

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