

World Health Organization

WHO

2024 UN-SWAP 2.0

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

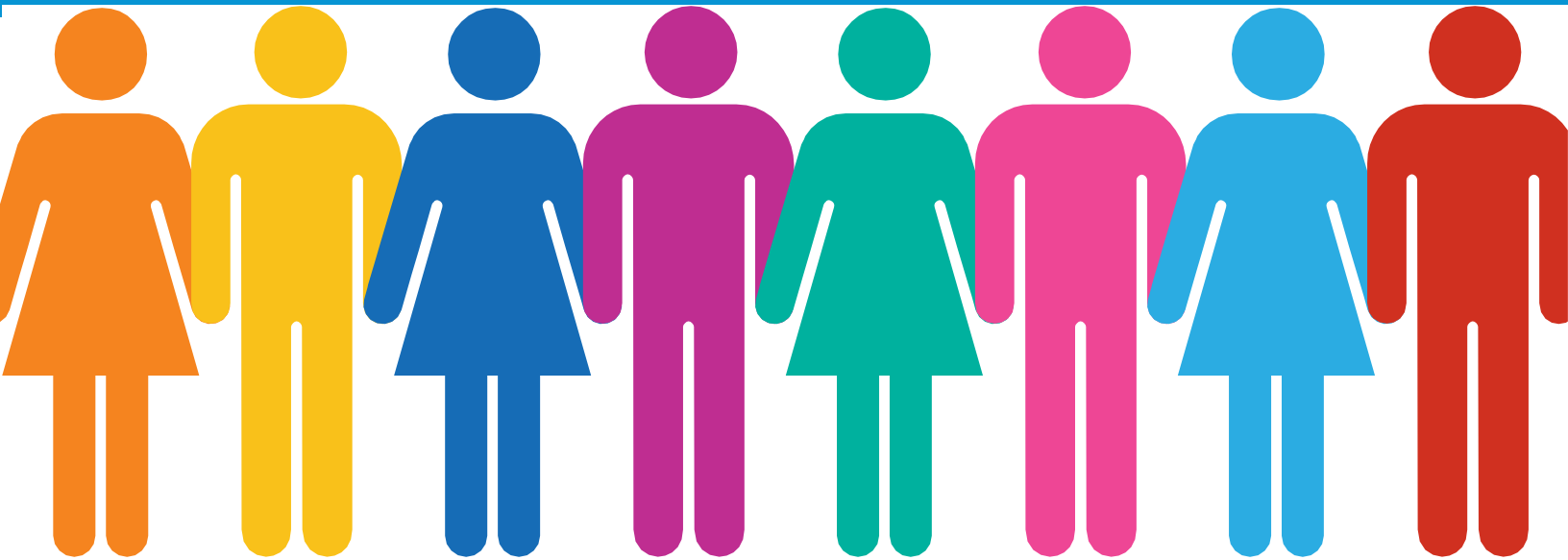


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I. BACKGROUND

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

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

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

II. UN-SWAP 2.0 ACCOUNTABILITY FRAMEWORK REPORT COMPONENTS

Indicator Rating and explanation

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

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

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

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

Action Plans

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

Supporting evidence and knowledge hub

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

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

III. QUALITY ASSURANCE AND UN-SWAP 2.0 RESULTS REPORTING

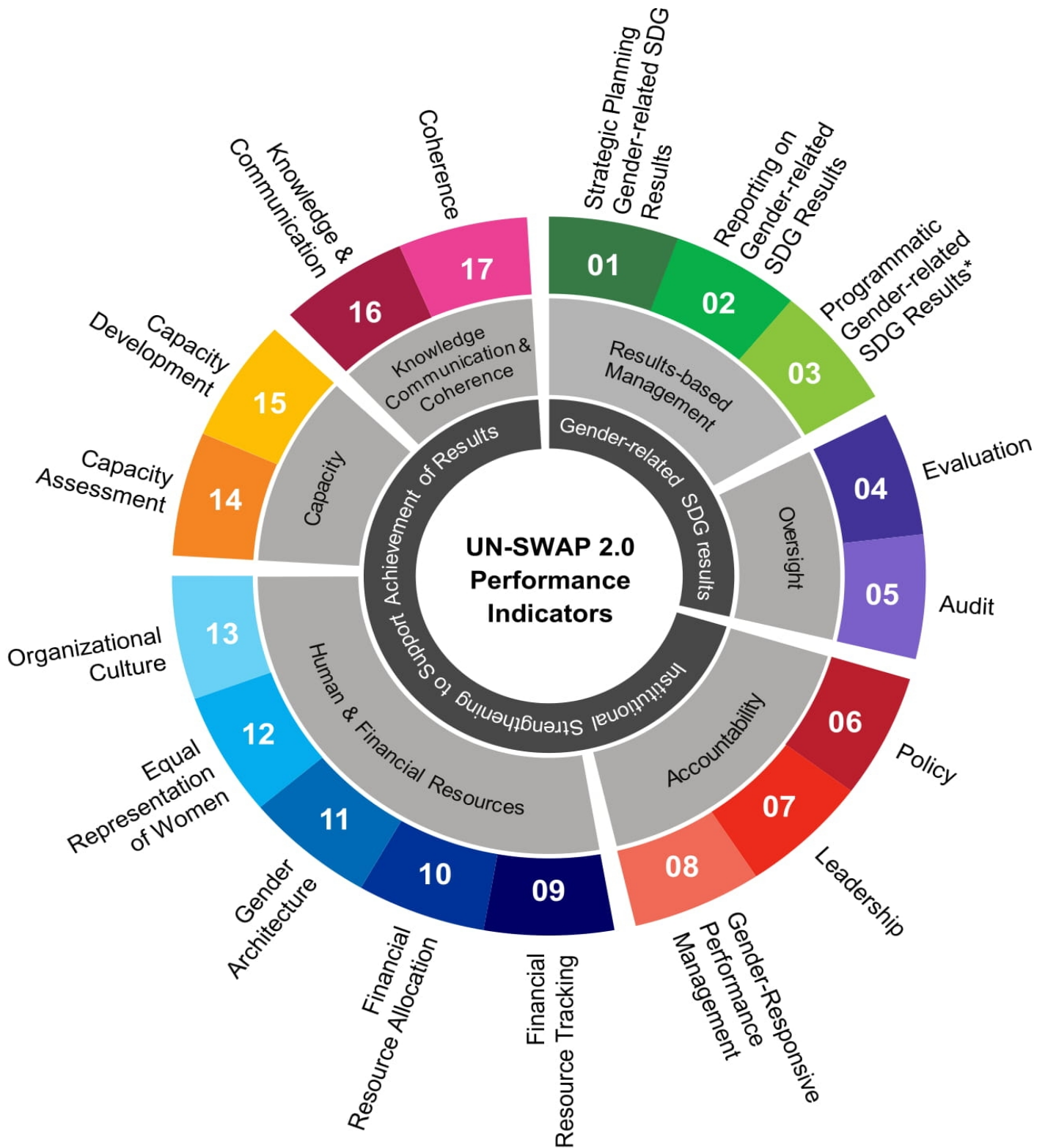
As part of the quality assurance process, UN Women reviews UN-SWAP 2.0 annual reports submitted by UN entities for thoroughness and consistency of ratings. UN Women is responsible for coordinating and facilitating the implementation of the UN-SWAP 2.0, providing guidance to participating entities through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

IV. WHO REPORTING INTERNAL REVIEW PROCESS

The staff organized clinics with Business Owners (BOs) to review the progress and implementation of action plans during the year, assess the rating for each indicator, and provide guidance on actions to improve performance. Upon submission of the initial report by BOs, the gender team reviewed the reports and action plans, proposed necessary revisions and guidance to comply with the reporting requirements, and ensured that the performance ratings indicated by the BOs were justified and met the UN-SWAP requirements. This process often required multiple meetings, correspondences, and several iterations before finalizing the report.

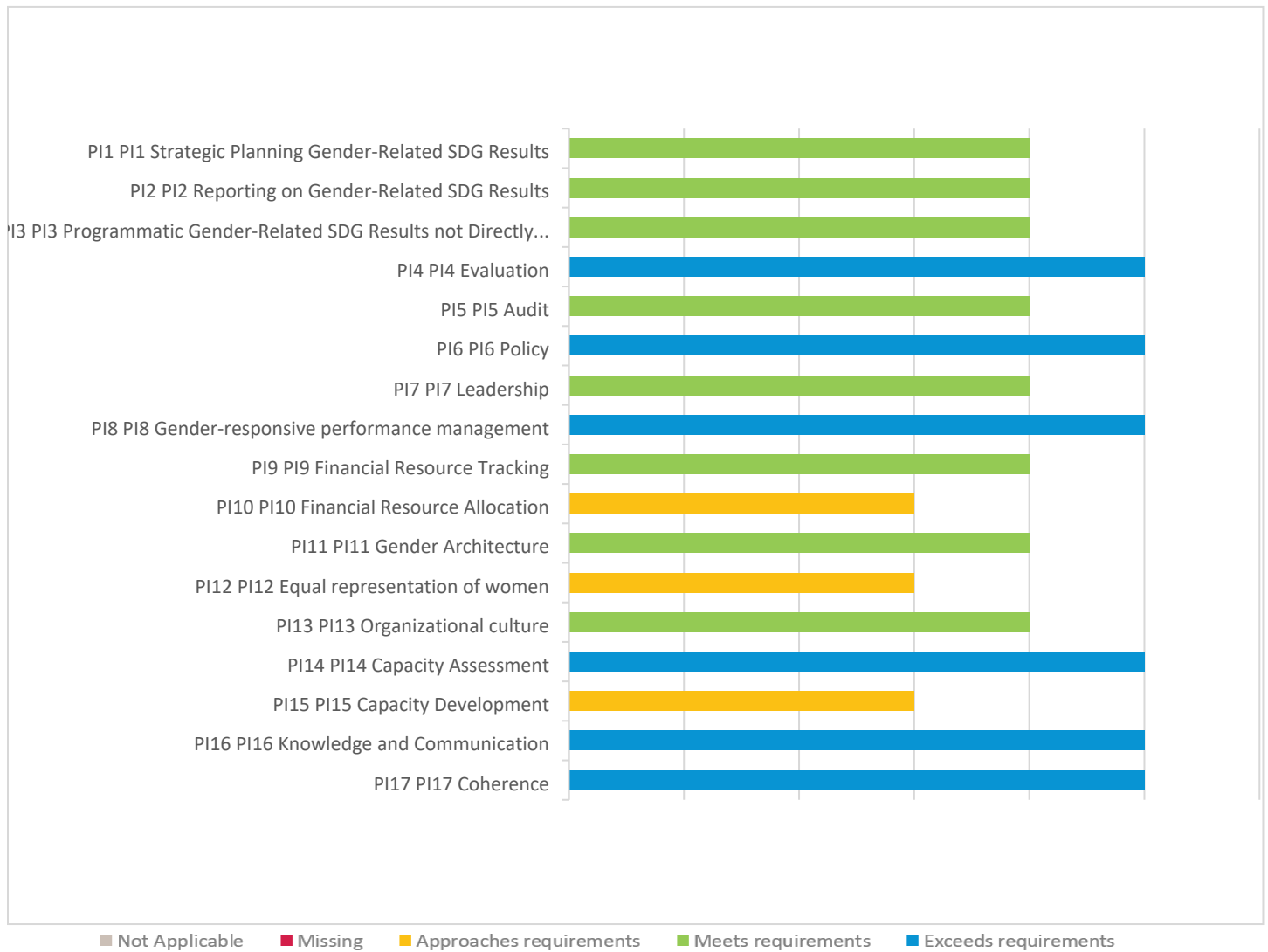
The draft consolidated report was then circulated to relevant Bos before seeking clearance by the Director GRED Department and final submission.

V. THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK



*not directly captured in the Strategic Plan

VI. WHO 2024 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT



VII. WHO 2024 UN-SWAP 2.0 RESULTS BY PERFORMANCE INDICATOR

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



Performance Indicator:

PI1 Strategic Planning Gender-Related SDG Results

MEETS

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

The General Programme of Work 13 (GPW13), extended until 2025, includes a high-level result focused on gender equality and empowerment of women, aligned with SDG targets. The GPW13 states: "The 46 outcome indicators cover a range of key health issues and underpin the GPW13 programme. Indicators are disaggregated by relevant inequality measures (such as sex, age, and location)" (GPW13, p. xii). Specifically, GPW13 focuses on addressing gender inequities in health access, particularly through targeted maternal and reproductive health and gender-based violence programs.

Gender Equality Integration: GPW13 incorporates gender equality within its enabling functions and operational frameworks. Specific high-level results reference SDG 5 indicators, particularly around sexual and reproductive health, eliminating violence against women and girls, and addressing harmful practices. In addition GPW13 addresses gender equality across all results, noting "Example dimensions of inequality and priority subgroups," which includes identifying sex as a crucial dimension (GPW13, p. 15). Additionally, equity and health-adjusted life expectancy (HALE) disaggregated by sex is emphasized as a critical measure for tracking progress toward addressing gender disparities (GPW13, p. 67).

Results-Based Framework: This framework tracks progress using Triple Billion targets and includes measurable gender-related indicators including reproductive and maternal health services Health outcomes like coverage of essential health services, are monitored with sex-disaggregated data. A notable example is the Global Health Observatory (GHO), which tracks maternal mortality rates and immunization coverage, disaggregated by sex, to identify and address disparities in health access and outcomes.

The new General Programme of Work 14 (GPW14), approved in 2024, builds on GPW13 by integrating transformative gender equality objectives. Key outcomes include a specific indicator on advancing gender equality in and through health and an enhanced focus on addressing health determinants and gender equality through cross-sectoral policies is also included. GPW notes that "this goal recognizes the cross-cutting nature of gender as a determinant of health, and requires addressing barriers to achieving gender equality, equity, and the right to health for all" (GPW14, p. 17). Supporting evidence from the World Health Statistics 2024 confirms substantial progress in tracking gender-focused health outcomes from GPW 13, which are to be built upon in GPW 14. For instance, WHO has expanded the use of sex-disaggregated data in its monitoring systems, which has led to targeted maternal health interventions in low-resource settings. Key examples include a 20% increase in skilled birth attendance rates in regions where disparities were most pronounced. Furthermore, gender-based violence screening programs have been scaled up in emergency settings, ensuring access to timely support and care for affected women. These initiatives underscore the integration of disaggregated data for monitoring and decision-making purposes.

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

WHO is on track to achieve high-level results, as evidenced by:

Implementation of Results-Based Management (RBM) improvements, ensuring funding aligns with programmatic needs.

Use of updated Global Health Estimates, including Health-Adjusted Life Expectancy (HALE), to address women's health conditions and support informed decision-making on policy and resource allocation.

A strong commitment to SDG 5's gender-related targets through health system strengthening and the inclusion of sex-disaggregated data in the monitoring framework.

These efforts align WHO's work with its constitutional mandate to promote the highest attainable standard of health while emphasizing participation, equity, and resilience-building for populations in situations of vulnerability.

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

GPW13 Results Framework:

- Indicators addressing violence against women, maternal health, and reproductive health services.
- Focus on eliminating harmful practices such as child marriage and female genital mutilation

GPW14 Results (agreed framework to replace GPW 13):

- A specific outcome indicator on advancing gender equality in and through health, in addition to maintaining outcomes on reproductive and maternal health, and GBV.

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

GPW13 Results Framework:

- Indicators addressing violence against women, maternal health, and reproductive health services.
- Focus on eliminating harmful practices such as child marriage and female genital mutilation

GPW14 Goals (preliminary):

- Gender-transformative outcomes prioritizing intersectional approaches to address vulnerabilities linked to gender, disability, and displacement

Achievement in year/s (No longer mandatory)

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

The internal evidence base is supported by the following documents, demonstrating the integration of gender equality and alignment with SDG targets:

General Programme of Work 13 (GPW13): The programme outlines 46 outcome indicators, 39 of which are SDG-aligned. These indicators, such as maternal mortality (SDG 3.1.1) and elimination of harmful practices (SDG 5.3.2), are critical for tracking progress in gender equality initiatives (GPW13, pp. xii, 15, 67).

World Health Statistics 2024: This report provides disaggregated data on key health outcomes, such as skilled birth attendance rates and vaccination coverage, which inform targeted gender-responsive policies (p. 45).

Proposed Programme Budget 2024-2025: Gender equality is emphasized as a priority area with specific targets and resource allocations to address systemic health inequities (pp. 28, Annex 4).

Annual Reports on Maternal and Child Health Initiatives: These reports highlight outcomes of targeted interventions, including the integration of GBV screening in emergency health systems and improved maternal health service coverage in low-resource settings.

The internal evidence base provides a robust framework for demonstrating WHO's commitment to gender equality and serves as a reference for continuous improvement in programmatic efforts.

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)

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

- Goal 5/Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- Goal 5/Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

- Goal 5/Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- 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)

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.

- Norms and Standards
- Access To Gender-Responsive Services
- Eliminate All Forms Of Violence Against All Women and Girls

Narrative on results to be completed by all entities

• WHO's high-level contributions to gender equality and the empowerment of women (GEEW) have focused on three priority areas: Access to gender-responsive services, Eliminating all forms of violence against women and girls, and Norms and Standards. Key achievements include:

Access to gender-responsive services:

- WHO expanded access to maternal and child health services, particularly in low-resource settings, achieving a 20% increase in skilled birth attendance rates.
- Comprehensive emergency response frameworks were deployed to ensure equitable access to health services for women during crises, such as gender-sensitive vaccination campaigns.

Eliminating all forms of violence against women and girls:

- GBV screening programs were integrated into emergency healthcare services in conflict and disaster zones, providing timely support to survivors.
- Training health workers to recognize and address GBV improved reporting and care pathways for affected women.

Norms and Standards:

- WHO developed global protocols for addressing GBV in healthcare settings, providing clear guidelines to Member States.
- Equity-focused health system strengthening frameworks were implemented, emphasizing gender-disaggregated data to inform policies and service delivery.
- These achievements directly contribute to SDG 5 targets, particularly in reducing gender-based disparities and empowering women through access to equitable healthcare services.
- WHO overcame significant barriers to promoting GEEW by employing the following strategies:
- Inter-agency collaboration: Partnerships with UN agencies and regional bodies enhanced knowledge sharing and resource mobilization, enabling integrated responses to gender inequality.
- Strong partnerships with Member States: Engaging governments in policy dialogues and capacity-building initiatives facilitated the adoption of gender-equitable health practices.
- Data-driven decision-making: Leveraging disaggregated data from the Global Health Observatory allowed WHO to target interventions effectively and monitor progress towards gender equality outcomes.
- By focusing on these strategic areas, WHO strengthened its contribution to the broader UN system-wide efforts to achieve gender equality and empower women in the context of the SDGs.

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)

(3.0 Baseline - Intersectional gender analysis) (GEAP) Has an intersectional gender analysis, incorporating sex-disaggregated data, been carried out throughout the entity's strategic planning process?

- Yes

(3.0 Baseline - Intersectional gender analysis) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Conducted through integration of sex-disaggregated data in strategic planning processes. For example, GPW13 identifies sex as a key dimension of inequality, emphasizing its use in tracking maternal health and immunization coverage disparities

(GPW13, p. 15). Additionally, the Global Health Observatory provides critical data on Health-Adjusted Life Expectancy (HALE) by sex, allowing WHO to target inequities effectively (GPW13, p. 67).

(3.0 Baseline - Adequate resources) (GEAP) Are adequate resources, both human and financial, for implementation of the gender-related high-level results(s) allocated/described in the main strategic planning document?

- No

(3.0 Baseline - Adequate resources) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Current gaps in financial allocations highlight the need for additional resources to meet gender-transformative goals.

(3.0 Baseline - Indicators) Do indicators in the strategic planning document and/or related results framework integrate a gender perspective?

- Yes

(3.0 Baseline - Indicators) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Indicators in GPW13 integrate gender perspectives, with continued improvements anticipated in GPW14. GPW13 includes 46 outcome indicators, 39 of which are SDG-aligned and integrate gender perspectives. Examples include indicators for maternal mortality rates (SDG 3.1.1), coverage of essential health services (SDG 3.8.1), and elimination of harmful practices like female genital mutilation (SDG 5.3.2). Continued improvements are anticipated in GPW14, with further emphasis on sex-disaggregated health outcomes and equity-focused monitoring frameworks.

Emerging crises and global challenges, including COVID-19 crisis, response and recovery (no longer mandatory).

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



Performance Indicator:

PI2 Reporting on Gender-Related SDG Results

MEETS

2bi. Reporting to the Governing Body or equivalent on the high level result on gender equality and the empowerment of women which will contribute to meeting SDG targets, including SDG 5.

WHO reports annually to the Governing Body on gender equality and empowerment of women as part of its commitment to achieving SDG targets, particularly SDG 5. This is evident through:

- Reporting gender-focused results in high-level documents like the WHO Results Report 2022-2023, which highlights progress toward the Triple Billion targets, including improved access to quality health services irrespective of gender, age, or disability
- Integration of gender-related outcomes into the Proposed Programme Budget 2024-2025
- Regular data publication in the World Health Statistics 2024, emphasizing sex-disaggregated data to monitor health equity (World Health Statistics, p. 45).

High-level results emphasizing gender equality include tracking maternal mortality rates (SDG 3.1.1), ensuring coverage of essential health services (SDG 3.8.1), and eliminating harmful practices such as female genital mutilation (SDG 5.3.2). These examples are drawn from WHO's Results Report 2022 and the GPW13 results framework (GPW13, pp. xii, 15).

WHO's reporting framework aligns gender equality outcomes with 46 outcome indicators in GPW13, 39 of which are SDG-aligned. Examples include maternal mortality rates (SDG 3.1.1), essential health services coverage (SDG 3.8.1), and the elimination of harmful practices such as female genital mutilation (SDG 5.3.2), as highlighted in WHO Results Reports and GPW13 framework (GPW13, pp. xii, 15). providing a comprehensive view of progress, barriers, and required interventions.

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

Sex-disaggregated data are systematically used across WHO's strategic plans and technical reports.

In 2024, the number of outcome indicators that provide sex-disaggregated data increased from 13 to 18 out of a total of 46 indicators. Additionally, sex-disaggregated data is provided for 8 indicators by most countries, with only a few exceptions. Furthermore, there are 4 indicators that are specific to women and therefore do not require sex-disaggregated data. As a result, there are now only 10 indicators that do not provide sex-disaggregated data.

There four indicators specific to women that do not require sex disaggregation include: the maternal mortality ratio, the proportion of women whose need for family planning is satisfied; the proportion of women subjected to intimate partner violence; and the proportion of women making decisions on sexual and reproductive health. The eight indicators for which most countries provide sex-disaggregated data are: the number of persons affected by disasters, the neonatal mortality rate, the number of people requiring interventions for neglected tropical diseases, the proportion of children developmentally on track, the proportion of children experiencing physical or psychological aggression, vaccine coverage (e.g., DTP3, MCV2, PCV3), health worker density, and health emergencies (Indicator A): vaccine coverage for epidemic-prone diseases.

- The Global Health Observatory (GHO), which includes 2,509 indicators across WHO's strategic frameworks, of which 415 are sex-disaggregated, covering critical areas such as health service coverage, disease burden, and access to care.
- Guidance on sex-disaggregated data collection embedded within the Proposed Programme Budget 2024-2025 framework.
- WHO's ongoing commitment to identify and address gender inequities in health through tools like the Gender, Equity, and Rights Portal.

These efforts ensure the organization remains accountable to its commitments and supports data-driven policy-making to advance gender equality globally.

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

- Externally (e.g. website, donors) Please provide hyperlink if publicly available
- Internally (e.g. email, Intranet)
- Reporting to Governing body or equivalent

Please provide any further details and include hyperlinks if publicly available:

Reporting to Governing body or equivalent results are shared annually through documents such as the WHO Results Report and strategic reporting at the World Health Assembly. Internally, key updates are disseminated through internal platforms such as the WHO intranet and regular staff communications (e.g. email, Intranet), ensuring all departments align with UN-SWAP commitments. Externally (e.g. website, donors) –UN-SWAP results are publicly available through dedicated web pages, including: WHO Gender, Equity, and Rights Portal. Other Results are shared with external partners, including donors and stakeholders, through briefings, workshops, and collaborative forums, ensuring transparency and stakeholder engagement. World Health Statistics Reports: • Annual data publications providing comprehensive sex-disaggregated insights into health outcomes. • Key indicators focus on maternal health, child health, and gender-specific disease impacts. Programme Budget Reporting: • Strategic monitoring of results related to SDG 5 and gender equality outcomes, including funding allocation and program reach

(3.0 Baseline - Guidance on measuring and reporting gender-related SDG results) (GEAP) Has a guidance on measuring and reporting gender-related SDG results - including but not limited to utilizing an intersectional approach and sex-disaggregated data – been developed and provided by the Entity Strategic Planning Unit or equivalent?

- Yes

(3.0 Baseline - Guidance on measuring and reporting gender-related SDG results) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

WHO has developed guidance on measuring and reporting gender-related SDG results, utilizing an intersectional approach and sex-disaggregated data.. This guidance is embedded in strategic frameworks like the Proposed Programme Budget 2024-

2025 and operationalized through tools such as the Gender, Equity, and Rights Portal and technical manuals. Supporting documentation is available in the Results-Based Management Framework.

(3.0 Baseline - Gender analysis informs the allocation of adequate resources for GEWE) Does gender analysis inform the allocation of adequate resources for gender equality and the empowerment of women in your entity?

- Yes

(3.0 Baseline - Gender analysis informs the allocation of adequate resources for GEWE) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Gender analysis informs resource allocation processes within WHO. For instance, the Proposed Programme Budget 2024-2025 includes specific allocations to support gender equality and the empowerment of women. This ensures targeted investments in high-impact areas such as maternal health and addressing gender-based violence. Evidence of this approach is included in WHO's annual budget and operational planning documents.

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

(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

MEETS

3b. Programmatic results on gender equality and the empowerment of women are met or on track to be met.

As reported in PI-2, WHO includes SDG targets 5.2.1 and 5.6.1 in its General Programme of Work 13 (GPW 13). Several of the SDG 3 indicators included in the GPW results framework, as well as other GPW indicators, contribute to SDG 5 targets that are not directly captured in the GPW results framework, including:

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5 Target Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Certain SDG 3 indicators included in the GPW 13 results framework are particularly pertinent to the achievement of SDG 5 results, especially when implemented using gender-responsive approaches. Key examples, amongst others, include:

SDG 3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods (contributes to SDG Target 5.6)

SDG 3.8.1 Coverage of essential services (contributes to SDG Target 5.6)

SDG 3.c.1 Health worker density and distribution (contributes to SDG Targets 5.2 and 5.5, given a majority of health workers are women and that most informal care is provided by women).

In addition, whilst Indicator 5.3 (Eliminate all harmful practices, such as child, early and forced marriage) is not included in the GPW 13 results framework, significant work occurs in this area under the Human Reproduction Programme (HRP). In 2024, HRP supported research informed WHO's collaboration with UNFPA in reaffirmation of commitments (see:

[https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation)) In GPW 13, WHO commits to gender mainstreaming including not only sex-disaggregated data,¹ but also bringing a gender lens to needs analysis and programme design. Therefore, many of WHO's programmatic initiatives integrate gender equality and empowerment of women as core components, demonstrating results that are on track to meet both planned outcomes as

well as the SDG results note above. Specific evidence includes the inclusion of gender equality concerns and outcomes in WHO's flagship programs, initiatives, and country-level interventions. Examples include:

1. Maternal and child health programs have been redesigned to address disparities in care, including those related to gender (World Health Statistics 2024, p. 45).
2. I Flagship programs include the introduction of gender-sensitive vaccine distribution frameworks in Sub-Saharan Africa (Proposed Programme Budget 2024-2025, Annex 4)
3. Support for initiatives to improve women's participation in health governance structures in Southeast Asia (GPW13, p.67)
4. Launch of the 'Fair share for health and care: gender and the undervaluation of health and care' report in March 2024
Results Monitoring: The Proposed Programme Budget 2024-2025 highlights measurable outcomes linked to gender-responsive program designs, which contribute to SDG 5 targets. Examples of outcomes include:
 - a. Maternal and child health programs show improved access to services for women in vulnerable settings.
 - b. Gender-responsive policies have led to reductions in health service access disparities as demonstrated by WHO's efforts to expand maternal health services and equitable vaccine distribution in low-resource regions.These initiatives are documented in the GPW13 References maternal mortality rates (SDG 3.1.1) and vaccine distribution frameworks improving gender-sensitive health access, as well as in Annual Maternal and Child Health Reports 2023.

Result(s) on gender equality and empowerment of women

Extract directly from the programmatic initiative planning document(s) and include the results statement here, or include in a separate attachment

Outcome 1: Strengthened health systems in support of universal health coverage without financial hardship, including equity of access based on gender, age, income, and disability (GPW 13 Page 50)

Achievement in year/s (no longer mandatory)

Internal evidence base - include attachments and page numbers

Maternal and Child Health Initiatives:

- Expansion of skilled birth attendance in low-resource settings, resulting in a 20% increase in targeted regions (World Health Statistics 2024, p. 45).
- Enhanced coverage of reproductive health services through capacity-building programs and local partnerships.

Emergency Health Responses:

- Gender-responsive vaccine distribution frameworks implemented during public health crises in Sub-Saharan Africa, reducing inequities in access to essential services (Proposed Programme Budget 2024-2025, Annex 4).
- Inclusion of gender-based violence (GBV) interventions in emergency healthcare protocols, offering comprehensive support to survivors.

Leadership and Governance:

- Improved participation of women in health governance through targeted policy reforms in Southeast Asia (GPW13, p. 67).

Attached Reports and References

- Proposed Programme Budget 2024-2025 (Annex 4, pp. 28).
- World Health Statistics 2024 (p. 45).
- GPW13 Strategic Framework (pp. 15, 67).
- Annual Maternal and Child Health Reports 2023.

Internal assessment of progress using entity assessment methodology for reporting (no longer mandatory as of 2021)

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

- Goal 5/Target 5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
- Goal 5/Target 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- Goal 5/Target 5.1 End all forms of discrimination against all women and girls everywhere
- Goal 5/Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

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.

- Access To Gender-Responsive Services
- Eliminate All Forms Of Violence Against All Women and Girls
- Norms and Standards

Narrative on results to be completed by all entities

Access to Gender-Responsive Services:

• Development of the WHO Gender Mainstreaming Toolkit to enhance capacity to deliver gender-responsive health services. The content for four foundational priority modules of the WHO Gender Mainstreaming Toolkit were developed, including:

o Introduction to Gender Mainstreaming in Health.

o Gender Equality Commitments.

o Power Inequalities, Gender, and Intersectionality.

o Addressing the Sex and Gender Evidence Gap in Health.

• The development of the Gender Mainstreaming Toolkit has been informed by findings from four reports published in 2021, a UN-to-UN agreement between WHO and UNU-IIGH signed in March 2022, and extensive consultations, including a survey with 218 respondents and 27 in-depth interviews conducted across WHO regions.

• Evidence generation, guidance, and recommendations for gender-responsive services at national levels in specific technical areas:

o A literature review of the evidence on the lived experiences of gender-related stigma and discrimination within health systems, focusing on how these barriers impede access to sexual health services for cisgender women, girls, and transgender individuals. The review resulted in a commentary published in the Bulletin of the World Health Organization.

o World Malaria Report under the title 'Addressing inequity in the global malaria response'. This annual report provided a critical and up-to-date snapshot of efforts to control and eliminate the disease in 83 countries worldwide and, for the first time, included a dedicated chapter on gender, equity, and rights concerns.

o A systematic review of the current evidence on gender issues in relation to antimicrobial resistance (AMR). The review resulted in the publication 'Addressing gender inequalities in national action plans on antimicrobial resistance'.

• The work on sexual health, malaria, and antimicrobial resistance involved close collaboration between the gender team and technical teams at headquarters, with involvement from regional colleagues from both gender and the other technical areas.

Eliminate All Forms of Violence Against All Women and Girls:

• Integration of gender-based violence (GBV) screening and intervention protocols into emergency healthcare services (GPW13, p. 67).

• Capacity-building workshops for health workers to recognize and address GBV, improving care pathways for survivors.

• Improved evidence and measurement guidance for national statistical offices on violence against older women, violence against women with disabilities, and violence against adolescent girls.

• Update of a VAW policies database in 2024 showed that 52% of countries have health sector protocols for responding to VAW but only 38% of health sector plans prioritize VAW health response as a strategic objective.

• Support to 29 humanitarian countries and 10,000 health workers trained in WHO's clinical management of rape and intimate partner violence guidelines means that more women have received quality health care, uptake of services, and referrals has improved.

• Technical briefing notes, systematic reviews of evidence, and expert consultations using WHO's convening role.

• UN partners such as UN Women and UNFPA were involved in consultations for these technical briefs.

• Financial, technical, and human resources support was provided to WHO's regional offices and select country offices with a focus on EMRO and AFRO regions.

Norms and Standards:

• Development of global health protocols addressing GBV in healthcare settings (GPW13, p. xii).

• Five World Health Assembly resolutions passed in 2024 containing language and commitments for programming on gender equality. Briefings on gender language were held with groups of Member States with strong leadership on gender equality (principally those with Feminist Foreign Policies), including two convened by UN Women jointly with WHO. Alternative language was agreed for four resolutions prior to WHA. A fifth resolution was passed on a vote at WHA.

• WHO Guidelines on the Health of Trans and Gender Diverse People, in development, reviews evidence on the impact of specific interventions to provide recommendations for enhancing the health and well-being of trans and gender diverse adults, as well as their access to and utilization of health services. In 2024, systematic reviews were completed which assessed the impacts of interventions including:

o Provision of gender-affirming care services in clinical settings.

- o Health workers’ training and education approaches for providing gender-inclusive care.
- o Provisions of gender identity recognition laws, policies, and administrative procedures that may affect the health and well-being of trans and gender diverse adults.
- o Health policies aimed at facilitating gender-inclusive health care.
- Launch of the SAGER guidelines: Collaboration between the Gender, Equity, Rights and Diversity Department with WHO’s Science Division and partners from the University of Pelotas in Brazil, and the Gates Foundation. A commentary in the Lancet, co-authored by WHO’s Chief Scientist alongside the ADG heading the Data and Analytics Department.

(3.0 Baseline - Joint initiatives and/ or joint programmes) (GEAP) Does your entity contribute to gender-related results through joint initiatives and/or joint programmes or equivalent?

- Yes

(3.0 Baseline - Joint initiatives and/ or joint programmes) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

WHO contributes to gender-related results through joint programs with other UN agencies and Member States. Examples include initiatives addressing gender-based violence and promoting women’s participation in health leadership. Supporting evidence is available in collaborative project reports.

Emerging crises and global challenges, including COVID-19 crisis, response and recovery (no longer mandatory).

In alignment with your previous selection, describe specific change in focus/direction of existing gender-related programmatic work as well as new activities and deliverables in response to crises and emergencies. (No longer mandatory)

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, emphasizing the integration of gender equality (GE) and human rights (HR) in its evaluations. The 2013 WHO Evaluation Practice Handbook provides practical guidance, including sections on integrating GE and HR that align with UNEG’s advice. The 2018 Evaluation Policy further reinforced these principles.

In 2022, new guidance for decentralized evaluations highlighted the inclusion of gender equality and women’s empowerment (GEEW) concerns beyond those managed by the Evaluation Office (Guidance note for the role of Quality Assurance Advisor for decentralized evaluations, 2022).

In 2023, the Office advanced these efforts by issuing the "Guidance note on integrating health equity, gender equality, disability inclusion, and human rights in WHO evaluations.

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

This assessment considered twelve independent evaluations undertaken in 2024. After a preliminary review, eleven were included for the final assessment using the revised scorecard from the UN Evaluation Group to assess mainstreaming of GEEW concerns in evaluations for UN-SWAP 3.0 reporting (Note: Three evaluation reports were not yet available at the time of the UNSWAP assessment). Eight of those eleven evaluations included in the final assessment were corporate evaluations commissioned and either managed or conducted by WHO's Evaluation Office, and three were decentralized evaluations commissioned by various other offices within WHO.

- The eight corporate evaluation reports included in this review are:

- o Evaluation of Primary Health Care Special Programme
- o Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)
- o Formative evaluation of the implementation of the WHO policy on disability
- o Evaluation of WHO's Contribution to WASH and Health
- o Evaluation of the Member State mechanism on substandard and falsified medical products
- o WHO normative function at the country level - Evaluation report
- o Evaluation of WHO's contribution in Tunisia
- o Evaluation of WHO's contribution in Iraq
- The three decentralized evaluation reports included in this review are:
 - o Evaluation of the progress on the Decade of health workforce strengthening in the South-East Asia Region, 2015-2024.
 - o Evaluation of the adoption of people-centred noncommunicable disease service delivery within primary health care in countries of the South-East Asia Region
 - o Evaluation of the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC) Preparedness High-level Implementation Plan II 2018–2023
- Five of the eleven evaluation reports were rated as 'meeting requirements' (scores ranging from 7 to 8), all corporate evaluations. This represents 63% of all corporate evaluations (five out of eight) and none of the decentralized ones.
- Five evaluation reports 'approached requirements' (range 4 to 6), representing 67% of all decentralized evaluations and 37% of all centralized evaluations, and one evaluation 'missed requirements' (score of 2), a decentralized one. The average score for centralized evaluations is 6.9 compared to 3.7 for decentralized evaluations, indicating a significant difference in the inclusion of GEEW and human rights considerations in reports.
- All but one evaluation reports met the requirements scored 2 or 3 (satisfactorily or fully met the requirement) on all three scoring criteria of integrating gender equality and human rights concerns (in its scope/criteria, methodology, and findings/conclusions and recommendations). The evaluations that have approached requirements have scored 2 or 3 in at least two criteria (satisfactorily or fully met the requirement). The details of the rationale for scoring are given in the Excel file (attached).
- Six of the eleven evaluations included in this assessment are examples of this good practice. In evaluations without a stand-alone criterion on GEEW or HR, incorporating relevant evaluation questions or sub-questions is especially important to ensure these aspects are mainstreamed across other evaluation criteria. This good practice was observed, for example, in the Evaluation of WHO's contribution in Iraq, the Joint Evaluation of SDG3 GAP, the Evaluation of WHO's contribution to WASH, and the Evaluation of the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC).

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 longer mandatory)

- 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 populations facing most vulnerability for data collection. This is expected to change in the coming years.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:
PI5 Audit

MEETS

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

Gender equality and the empowerment of women are a key component of the World Health Organization (WHO) audit process at all stages. Firstly, at the planning stage, the annual audit risk assessment has a criterion for prioritizing WHO Country Offices based on country's contribution to the WHO's General Programme of Work triple billion targets, which includes performance indicators related to gender equality such as proportion of women subjected to violence by current or former intimate partner. The risk assessment criteria also include a criteria of previous investigation cases including investigations of allegations of sexual exploitation and abuse, sexual harassment and assault. Furthermore, as part of the annual risk assessment, the WHO Office of Internal Oversight Services (IOS) seeks management feedback on specific risks including gender-related ones.

Secondly, at the execution stage, a set of standardized audit tests are performed as part of all integrated and operational audits of the WHO Country Offices, department in the WHO Regional Offices and divisions in the WHO Headquarters. These audit tests include reviewing efforts in: (a) integrating gender equality and the empowerment of women in the WHO's technical programmes including testing a sample of technical products for inclusion of gender analysis, gender transformative action, as well as reporting data disaggregated by sex; (b) providing WHO employment opportunities and promoting women's leadership; and (c) preventing sexual exploitation and abuse including compliance with mandatory training requirements. In 2024, the audit methodology, including standardized set of tests on gender equality and the empowerment of women, underwent periodic review and update.

Thirdly, at the reporting stage, audit reports of all WHO Offices include conclusion on the effectiveness of internal controls related to gender equality and the empowerment of women, with recommendations made to strengthen controls when required. Furthermore, the annual report of the Internal Auditor to the World Health Assembly includes a standing section "Integration of equity, gender and human rights", which presents relevant findings on gender equality and the empowerment of women, as well prevention of sexual exploitation and abuse.

IOS coordinates audit activities with other relevant oversight activities implemented by the WHO, which includes the 2021 "evaluation of the integration of gender, equity and human rights in the work of the World Health Organization".

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

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

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



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

The WHO Secretariat Roadmap to Advance Gender Equality, Human Rights and Health Equity (2023-2030), was launched in 2023 in an event bringing together the Director General and representation from all Regional Directors. The demonstrated support from leadership on Gender Equality, Human Rights, and Health Equity (GRE) creates a conducive environment for the implementation of the roadmap, which is anchored around six action areas, including leadership, architecture, capacity building, resources, tools, and assistance, organizational systems, and accountability. The GRE Roadmap is underpinned by a monitoring and evaluation framework and costed action plan. The costed action plan has generated increased GRE staff in most regions and has contributed to the inclusion of the mandatory gender marker in the operational planning guidance and the prioritization of GRE capacity-building efforts.

- A Steering Committee composed of senior leadership at the three levels of the organization has been established and met for the first time in 2024. The composition includes: Chef de Cabinet, HQ/DGO, Regional Office (RO) Directors who oversee the GRE portfolio, One WHO Country Office Representative (WR) per region, nominated by the Regional Director one additional RO Director, and at least one additional HQ Director. The Steering Committee oversees the implementation of the Roadmap and informs the Global Policy Group (GPG) and the Directors of Programme Management (DPMs) of progress, challenges, and remedial actions.
- WHO's new Gender Parity Policy (2023–2026) replaces the WHO Gender Equality in Staffing Policy in January 2017. A corresponding Implementation Plan was prepared for 2024-2026.
- Five priorities are central to making progress on WHO's and the UN's commitments to Strategy on Diversity, Equity, and Inclusion (DEI) i.e. Gender, LGBTIQ+, Anti-Racism/racial discrimination, Disability, and Understanding our identities. Emphasizing intersectionality, these five priorities have the potential to be pivotal in shaping a workforce that truly mirrors the diversity of the communities WHO serves.
- WHA 76 adopted Resolution 76.16 on the Health of Indigenous Peoples and it calls on the WHO Director-General to develop a comprehensive Global Action Plan for the well-being of Indigenous Peoples and present it at the Seventy-ninth World Health Assembly in 2026. The resolution recognizes the “disproportionally poorer maternal health outcomes and considerable barriers to accessing primary health care and other essential health care services” faced by Indigenous women and recognizes the need to “mainstream gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women”.
- WHO has adopted the Sex and Gender Equity in Research (SAGER) guidelines as WHO policy, which facilitate a more systematic approach to integration and reporting of sex and gender dimensions in research and data analysis, to facilitate a deeper understanding of the intricacies involved in health risks and outcomes. A series of awareness-raising sessions on the importance of integration of SAGER guidelines into ongoing and future research has been conducted with various departments and is ongoing.

6cii. Specific senior level mechanism in place for ensuring accountability for promotion of gender equality and the empowerment of women.

Two diversity indicators (gender parity and equitable geographical distribution) were included in the Compact of Senior Managers to strengthen accountability mechanisms to achieve parity for underperforming grades and to sustain results. By signing these compacts, ADGs expressed their written commitments to delivering ‘gender parity’ and ‘geographical balance’.

- The Human Resource Business Intelligence dashboard (HR BI) systematically gathers, analyzes, communicates, and uses evidence-based HR analytical insight on a real-time basis across all regions and HQ. ADGs/senior managers are responsible for monitoring gender parity progress for strategizing accordingly.
- Both the “gender parity indicator for all workforce” and “number of women WHO Heads of Offices” measurements are published on the external HR portal to highlight WHO's commitment to addressing key requirements: for women and men to have equal representation in decision-making level positions to shape legislative frameworks and policies; equal access to organizational resources and services, and equal control over the resulting benefits.
- BMS, the new WHO ERP project, is being used as an opportunity to introduce Disability, Equity, and Inclusion to indicate pronouns, sign language, and voluntary disclosures for additional demographics, including sexual orientation.

Please indicate the year when your entity's gender policy and plans conclude

(3.0 Baseline - Costed action plan) Does your entity's gender policy have a costed action plan in place?

- Yes

(3.0 Baseline - Costed action plan) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The GRE Road Map was developed in 2023 with a costed action plan. The Road Map was endorsed by the DG and all regional directors for the implementation.

(3.0 Baseline - Adequate resources disbursed) Has your entity disbursed adequate resources for implementation of the gender equality policy/policies or equivalent?

- Yes

(3.0 Baseline - Adequate resources disbursed) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Core funds are allocated to the GRED Department, and the GRE programme at regional and country levels with ongoing resource mobilization to secure additional funds at all three levels of the Organization.

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

(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.

- The WHO Director-General supports the GRE department by allocating resources for core costs to fill the gap and loaning staff to GRE Department. His office closely tracks UNSWAP performance, providing the impetus to ensure organization-wide improvements. Under his patronage, the GRE programme calls regular meetings with Department Directors to track the implementation of remedial actions to improve UN SWAP performance.
- The Director-General continues as an international gender champion, having committed to stand for zero tolerance of gender-based violence and referring to gender equality in his speeches. The Director General's Report to the 154 session of the WHO Executive Board, outlined his's commitment to improving access to quality, survivor-centered services for sexual violence. He expressed a firm commitment to a zero-tolerance policy for any form of sexual misconduct. The Director General also shared that WHO has received requests from nearly 150 countries to strengthen their health and care workforce, with a significant majority of these workers being women. He highlighted that in Zimbabwe, the integration of services for HIV and sexual and reproductive health has resulted in a sevenfold increase in the number of women screened for HIV and sexually transmitted infections.
- On 8th March the Director General participated in events that highlight WHO's commitment to gender equality and the empowerment of women.
- Under the Director General's leadership, WHO has achieved overall gender parity and increased parity at higher grades within the organization. It is particularly notable that a woman D2 Director was recruited to lead the Gender, Equity, Rights and Diversity Department, taking up post in May 2024. This is the first time in WHO's history that such a senior level position has been operationalised to lead gender work in the Organization.
- The Eastern Mediterranean (EMRO) Regional Director also officially serves as a gender champion. As a prominent woman leader, she regularly advocates for gender equality and women's empowerment.

- WHO Senior managers champion gender equality and the empowerment of women through various internal and public initiatives, such as Mentorship Programs, where senior managers actively mentor female staff, providing guidance and support to help them advance in their careers; deployment of inclusive HR policies that support work-life balance, such as flexible working arrangements and parental leave, ensuring an inclusive workplace.
- Heads of Offices and WHO Representatives ensure that training programs on gender equality and diversity are available for all staff, fostering an inclusive culture; incorporate gender parity goals into performance evaluations, holding themselves and their teams accountable for progress.
- The Regional Director of the European Region (EURO) made a public announcement of WHO's prioritization of violence against women and girls as a special initiative for the WHO European Region (53 Member States) 2025-2030 at their 2024 Regional Committee Meeting. He also called for greater accountability and action from Member States on gender equality, human rights and violence against women and girls at the UNECE Regional Review Meeting for Beijing +30.
- The percentage of Directors from low- and middle-income countries increased by 13.4 points since 2017, showing progress in senior leadership diversity. At Headquarters, the increase was 14.3 points, reflecting a strong commitment to diversity overall.

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.

- Amongst many other examples of public speeches (as evidenced in the supporting documents), the DG prominently emphasized his commitment during the World Health Summit in Oct 2024, where he stressed that investing in women's health is crucial for global development and equity by addressing health disparities as well as acting as a catalyst for broader development. His intervention emphasized that women's health is influenced by biological and social factors, including gender inequalities and socio-economic disparities. He highlighted that:
 - o In sub-Saharan Africa, maternal mortality, morbidity, and HIV are leading causes of death for women aged 15 to 49;
 - o Women face disproportionate health challenges, including intimate partner violence, sexual violence, and unintended pregnancies.
 - o Women earn, on average, half of what men earn and are heavily involved in unpaid care work.
 - o Access to contraception has been a significant factor in increasing women's participation in the workforce over the past three decades.
 - o The COVID-19 pandemic exacerbated existing challenges for women's health.
 - o There are significant knowledge gaps in women's health, with many clinical practices still using male bodies as the standard.
 - o Poor nutritional practices before, during, and after pregnancy lead to severe complications, including low birth weight and increased susceptibility to infections and chronic diseases.
 He concluded that ensuring women's health is essential for unlocking a significant untapped resource for global development. Promote equal representation of women in delegations to Governing Bodies, assemblies and/or intergovernmental for a.
- WHO Governing Bodies have called upon Member States to apply gender parity in their delegations. The invitation to the 2024 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."

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.

- Progress towards its gender parity targets is tracked, 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.
- The gender parity policy 2023-2026 emphasizes accelerating efforts towards gender parity in the workforce, particularly at the P4 level and above. The policy includes a higher reliance on sex-disaggregated data and outlines temporary measures to be applied by hiring managers.
- The WHO performance management system tracks actions taken for gender equality and women's empowerment.
- WHO's Excellence policy and annual Excellence Awards, including the Director-General's Individual and Director-General's Team awards, Regional Director's (RD) Award, and HQ Award, stipulate that the DG/RD granting these awards should recognize one or more success criteria, the first of which is Gender and Diversity, with recognition for exceptional contributions to WHO's gender and diversity goals.

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 two departments related to gender: 1 Prevention of and response to sexual exploitation and abuse; 2 Gender Equality, Human Rights, Health Equity and Diversity. The Director General provides resources and close oversight to these programmes, ensuring their mainstreaming mandate throughout the organization. The Director General has progressively increased resources for the Programme on Gender Equality, Human Rights and Health Equity to drive implementation of related work within the organization and with Member States. WHO is now implementing a mandatory gender marker to track the contribution of products and services, and related expenditure, to advancing gender equality and the empowerment of women.

(3.0 Baseline - Push forward) (GEAP) Does senior leadership proactively address the push back against gender equality and the empowerment of women both internally and/or publicly?

- Yes

(3.0 Baseline - Push forward) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

During the Seventy-seventh World Health Assembly (WHA77) held in Geneva, Switzerland, and the 155th session of the Executive Board (both held during May to June 2024) a critical number of Member States expressed dissent to the use of the term ‘gender responsive’ in resolution texts. The Director General and other members of senior management held meetings with Member States delegates in preparation for WHA77, during which commitment to gender equality was encouraged. The DG also made a statement to the Executive Board expressing his support for safe abortion and reproductive rights in the context of discussions on non-state actors in official relations with WHO.

(3.0 Baseline - Entity’s accountability) (GEAP) Is there a senior level Gender Steering and Implementation Committee or equivalent in your entity to enhance the entity’s progress, learning and accountability for achieving results related to the gender equality policies?

- Yes

(3.0 Baseline - Entity’s accountability) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

A GRE Steering Committee was formed in 2024. The first meeting in July 2024 discussed the terms of reference and prioritization of the first phase of the programme. The steering committee will meet on a yearly basis and tracks the implementation of the GRE across various levels of the entity.

(3.0 Baseline - Head of Gender Unit or equivalent – participating in senior management meetings) (GEAP) Does the Head of Gender Unit or equivalent participate in senior management team meetings, as relevant?

- Yes

(3.0 Baseline - Head of Gender Unit or equivalent – participating in senior management meetings) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Yes, The Director of GRE Department attends WHO’s senior management meetings. In addition, the Gender Unit Head attends GRE Department’s weekly Senior Management Team meetings.

(3.0 Baseline - Head of the Gender Unit or equivalent – reporting lines) Does the Head of the Gender Unit or equivalent have a direct reporting line to senior leadership?

- Yes

(3.0 Baseline - Head of the Gender Unit or equivalent – reporting lines) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The head of the Gender Unit reports directly to the Director of the Gender, Rights, Equity and Diversity Department and the Director of GRED Department reports to WHO’s Chief of Staff (ADG), within the DG’s office.

Has the entity’s work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period? (no longer mandatory)

(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.

The HR policies outline a clear objective, governance process, and accountabilities for gender and diversity. The Gender Parity policy emphasizes cascading accountability mechanisms, where RDs and ADGs are responsible for meeting annual gender equality targets and reporting to the DG annually. Directors in the Regional Offices and Management Officers at HQ are tasked with monitoring implementation of this policy within their respective regions and departments. The HRT Department oversees the administration and reporting of policy implementation. To sustain progress in gender parity, the Gender Parity Action Plan defines a set of activities and establishes mechanisms for managerial accountability in the following areas:

Leadership

Gender-sensitive recruitment, progression, and development

Creating an enabling environment

Fostering a workplace culture free of discrimination, harassment, and abuse

Monitoring and Evaluation

Gender equality and women's empowerment are integrated into the performance evaluations of all staff members and supervisors as a mandatory competency. The online performance evaluation template includes these competencies as annual goals for every supervisor. The enhanced electronic tool for performance evaluation (ePMDS+) includes a self-assessment and supervisor assessment, focusing on contributions to diversity targets. It evaluates how well staff members demonstrate the mandatory competency of "Respecting and Promoting Individual and Cultural Differences," with explicit provisions for gender responsiveness, such as "Understanding and respecting cultural and gender issues and applying this to daily work and decision-making."

All WHO vacancy notices include references to the WHO Values Charter and a statement on WHO's commitment to zero tolerance towards sexual exploitation and abuse. A diversity statement has been added to vacancy announcements for all contract categories, including consultants and interns. This statement highlights equal representation of women and men staff, prioritizes applications from unrepresented/underrepresented groups, and includes a link to the external WHO career website with workforce data on geographical distribution and published temporary recruitment measures to improve gender parity. It also provides a dedicated email account for job applicants with disabilities to request reasonable accommodation.

The ERP system automatically populates and adds the diversity statement to the text of a vacancy announcement when published for both long term and short-term positions. Data on sex in applications, screening, shortlisting, and selection stages are analyzed using the new HR BI (business intelligence) tool, launched on April 3, 2023. All hiring managers monitor data on recruiting P4 and above (grades that are not at parity) at every stage of the recruitment process.

Following recommendations from the assessment of WHO's performance management system, a new performance management module will be launched in 2025 within Workday, replacing eWork. The Secretariat is also reviewing the Recognizing Excellence Programme to enhance its impact and integration with performance management. A new 360-degree feedback option will be introduced alongside the new performance management module. The introduction of a calibration system is being explored in consultation with other UN entities, with a model tailored to WHO's specific needs.

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

In 2015, the WHO introduced the Recognizing Excellence policy and the annual Excellence Awards, which include the Director-General's (DG) Individual and Team awards, the Regional Director's (RD) Award, and the HQ Award by the DG. This policy specifies that the DG and RD recognize one or more criteria when granting these awards, with the primary criterion being Gender and Diversity. This criterion acknowledges exceptional contributions to WHO's gender and diversity goals. The WHO Awards of Excellence for 2024 stand as a testament to collective achievements, a platform to recognize and celebrate those among us who raised the bar in their work and professional conduct. In granting these awards, the Director-General and Regional Directors recognized as the first success criteria: gender and diversity, to recognize exceptional contributions to WHO's gender and diversity goals. The Awards for Excellence ceremony was livestreamed on 12 December 2024 in six languages, where the DG, RDs, and the HR Director announced the award recipients. All nominations were reviewed, and outstanding WHO staff were recognized globally. Over 50% of the awards were based on the criteria of Gender and Diversity and Leadership. Kindly see uploaded Global Award Policy.

(3.0 Baseline - Entity senior leadership are held accountable) Are senior leadership held accountable for entity performance against the gender equality policies or equivalent?

- Yes

(3.0 Baseline - Entity senior leadership are held accountable) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The achievement of gender parity targets set by HRT is included in the Director's compact. Gender parity figures are reported to the Governing Bodies every February and July. The HR Portal launched for Member States in May 2023 includes gender parity figures by major office, department, grade, staff category, appointment type, and location.

The WHO Academy established in 2021 plays a key role in building the capacity of health workers globally, as well as WHO's own staff. The WHO Academy offers a Programme on Gender Equality, Human Rights, and Health Equity and provides training resources and guidelines to advance gender equality and health equity. These programs aim to increase knowledge and awareness of how gender norms and roles influence health outcomes and to develop skills for integrating gender perspectives into public health practices. The WHO Academy is currently leading the Leadership Excellence Seminar for senior managers from across the Organization.

(3.0 Baseline - Knowledge or experience in gender equality is embedded as a desirable competency) Is the knowledge or experience in gender equality embedded as a desirable competency in relevant Job Descriptions/ Terms of Reference and recruitment processes?

- Yes

(3.0 Baseline - Knowledge or experience in gender equality is embedded as a desirable competency) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The WHO Competency Framework includes competencies related to gender equality and diversity, such as "Respecting and Promoting Individual and Cultural Differences," which emphasizes understanding and respecting cultural and gender issues and applying this understanding in daily work and decision-making. It is a mandatory competency in job descriptions and

recruitment processes at WHO. It is even more important for specific roles, especially those directly related to gender and diversity initiatives.

(3.0 Baseline - A proven track record) (GEAP) Is a requirement for a proven track record in gender equality and the empowerment of women included in senior appointments?

- Yes

(3.0 Baseline - A proven track record) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

As required in Staff Rule 530.2, supervisors periodically make a formal appraisal of the performance, suitability for international service (see Staff Rule 1070.1), conduct (see Staff Rule 110), and potentialities for greater usefulness of each staff member under their supervision. The appraisal is made by reference to the duties and responsibilities in the position description, which include Respecting and Promoting Individual and Cultural Differences competency as mandatory. In 2024, career management activities, coaching, mentoring, career counselling (group and individual sessions), training on emotional intelligence, giving feedback, change management, masterclasses and team-building sessions continued to be offered both virtually and face to face and reached a global audience of 1466 staff from all grade levels and duty stations. Short-term developmental assignments enabled staff globally to gain new skills and competencies by being exposed to and working across different duty stations and Major Offices. A new edition of the structured mentoring initiative was launched on 22 February 2024 for a duration of six months. This brought together 186 staff members, including some retirees, from all levels and regions. The high level of interest generated by the initiative across the three levels of the Organization resulted in 89 newly formed mentor–mentee pairs. Other skills-enhancement and coaching support made available included coaching skills training for mentors and group coaching sessions and complementary workshops for mentees on: Personal Branding, EQ skills, Time Management, CV writing skills and Competency-Based Interviewing. Three Expert Mentor Panels were organised on the topics of: Business Analysis, leading through Change and Health Emergencies, which saw the participation of 169 mentors and mentees from all grades and duty stations.

(3.0 Baseline - Senior leadership acts on feedback) Does Senior leadership receive feedback on their gender-responsive leadership through recurring and confidential staff surveys and/or 360-degree feedback mechanisms or equivalent?

- Yes

(3.0 Baseline - Senior leadership acts on feedback) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

360 feedback mechanism was relaunched in 2024 for broader categories of staff. Senior Managers are assessed not only on their technical expertise but also on their ability to embrace and promote diversity in the workplace. This approach reflects WHO's core values and strengthens the mission to build a more inclusive and unified team. WHO Representative assessment centre includes 360 feedback for preliminary review. Three assessment centers were conducted in the first and second quarters of 2024 with a new provider and were attended by 46 candidates. These assessments capture senior staff performance against the mandatory competency of "Respecting and Promoting Individual and Cultural Differences," including gender responsiveness, such as understanding and respecting cultural and gender issues in daily work and decision-making. Feedback is provided by the assessment team to senior applicants.

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

(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:
PI9 Financial Resource Tracking

9b. Financial resource tracking mechanism in use to quantify disbursement of funds that promote gender equality and women's empowerment.

A mandatory gender marker is being implemented to quantify expenditure during the 2024-2025 biennium to advance gender equality and women's empowerment (GEWE). Previously, WHO used a mix of outputs with programmatic and Sustainable Development Goal (SDG) target tagging to estimate expenditures promoting gender equality and women's empowerment. With the CEB Finance and Budget Network's recent endorsement of Gender Equality as a UN Data Standard for system-wide reporting of financial data, WHO implemented the gender marker across all offices and budget sources. The gender marker builds on the UNCEB best practice and is aligned with the UNCT Country Marker, with orientation for its use included in Operational Guidance (and related guidance webinars organized). The marker will be able to report WHO's financial contributions using the gender equality marker after the financial closure of the 2024-2025 biennium in 2026.

Which type of scale is (or will be) used?

- 0-1-2-3

(If other) Please describe the scale used:

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

- all budget sources

(If other) Please identify the areas or budget sources below:

The gender marker system is used for...

- financial tracking of budgets
- estimating financial allocations
- planning
- capacity building

(If other) Please describe gender marker system uses below

Which ERP is used in your entity?

- Other

(If other) Please identify the ERP system below:

Currently, GSM (Global Management System), an Oracle-based ERP system is used.

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

- yes

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

- Gender office in collaboration with budget office

(If other) Please identify the department below:

Funding allocated by the entity to gender-targeted project and interventions (GEM 3/2b) in the most recent period.

0

Please provide the percentage that the funding allocated to GEM 3/2b represents of the total Budget (please indicate what budget is taken as reference, for example, entity's budget, programmatic budget, etc.)

0

Please explain how the funding allocated to GEM 3/2b has been calculated.

Financial information on the allocation of funding to GEM3 following the implementation of the GEM will not be available until the financial closure of the biennium 2024-25, and the availability of the audit statements released in Q2 2026. This information will thereafter be included in the UNSWAP reporting for 2026

(3.0 Baseline - Quality assurance) Is quality assurance for the application of the GEM implemented? And supported through capacity building and guidance?

- No

(3.0 Baseline - Quality assurance) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The quality assurance process for the application of the GEM will be further developed and implemented in 2025, before the financial closure of the biennium 2024-2025. This enhancement aims to ensure that the codes applied better correspond to the realities of the programmatic implementation and the financial information. The quality assured financial information will be available to the governing bodies after the financial closure of the biennium 2024-2025, in May 2026.

In 2024, significant efforts were made to take stock of the gender marker implementation, integrating the marker into various processes, including the budget review guidance. Additionally, a dashboard was built to facilitate the monitoring of the markers in the workplans. This foundational work will continue into 2025, with increased efforts to ensure the correct application of the marker.

An external consultant is engaged to undertake the quantitative and qualitative analysis of the data from the application of the gender marker in 2024-2025 operational planning. The consultant has completed the first phase of the analysis and concludes that the entire scoring system is based on self-assessment, therefore caution should be exercised regarding the potential for overrating, which may be inherent in such a system. The report highlights that 17% of the organization's planned cost for the work on gender equality and women's empowerment for the 2024-2025 biennium substantially surpasses the goal of 10% by 2025. It may be conjectured that the UN convention of relating costs to scores in combination with overrating may have resulted in a significant overestimation of costs since cost estimation is highly sensitive to changes in scores: a slight score misattribution may result in a significant error in the cost estimation. The consultant is also scheduled to undertake a spot checking associated with the application of the markers and provide recommendations for further improvement. The consultant will also support in preparing the evaluation and monitoring framework for tracking implementation of GEM and provide technical support in statistical analysis. The guidance note issued by the UN CEB, titled "Quality assurance of gender equality markers - improving accuracy & consistency," will play a crucial role in informing the development of the quality assurance process.

(3.0 Baseline - Quality-assured financial information) Is quality-assured financial information based on the GEM reported to governing bodies or elsewhere?

- No

(3.0 Baseline - Quality-assured financial information) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The quality-assured financial information can be made available after the financial closure of the biennium 2024-25, in the reports to the governing bodies in May 2026.

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

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

N/A



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

The implementation of the gender marker during the operational planning of the Programme Budget 2024-2025, will in the future allow for an overview of both targeted and mainstreamed investments in GEWE across all offices. The internal strategy "Roadmap of the WHO Secretariat to advance gender equality, human rights and health equity 2023-2030" contains a combined target for gender, equity and human rights related investments set to 10% for 2025 with a progressive increase for the future biennium.

Based on UN best practice, analysis of current investments and application of the GEM, the recently established WHO Steering Committee for Advancing Gender Equality, Human Rights and Health Equity will provide advice on a target only for gender equality and empowerment of women (GEEW) expenditures for senior management's review and decision.

The below outlines the methodology used for the operationalization and implementation of the Programme Budget (PB) 2022-23, consistent with previous UN SWAP reports, WHO reports on financial figures after the end of the financial year, as submitted annually to the governing bodies. The data below is from the financial closure submitted to the World Health Assembly in May 2024 for the financial year ending 2023.

The WHO Programme Budget outcomes provide benchmarks for the Organization's budget. The Programme Budget translates the General Programme of Work (GPW) into the Organization's strategic deliverables and budget requirements for a biennium. It details what will be achieved and indicates the resources required for their achievement. The Programme Budget is a tool for accountability, reflecting robust Member State engagement and establishing priorities along a clearly defined results chain. For GEEW, WHO is using a twin tracked-approach with mainstreaming gender into interventions and also undertaking targeted interventions.

These are tracked through outputs with programmatic and Sustainable Development Goal (SDG) target tagging providing a partial picture of the investments. In the future the implementation of the GEM will provide a more complete picture of the financial investments. Of the 42 integrated outputs that the Secretariat is responsible for, two have a clear GEEW component. Since WHO has an integrated mainstreaming approach (gender along with equity and rights), the amounts reflect commitments and expenses for the three integrated areas. The following provide the investments, with some overlaps:

- Of the US\$ 8.63 planned for 2023, US\$ 6.35 million were implemented to advance the work in output 4.2.6 "Leave no one behind" approach focused on equity, gender, and human rights progressively incorporated and monitored.
- For 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," which includes maternal health and sexual reproductive health and rights, of the US\$ 292.92 planned for 2023, US\$ 261.86 were implemented in 2023.

The expenditures reported to the UN System Chief Executives Board for Coordination on SDG3 (targets 3.1 and 3.7) and SDG5 amount to US\$ 84,3 million out of the total Organizational expenditures of US\$ 4,110 million in 2023 (this includes parts of the expenditures for 1.1.3 and 4.2.6). This provides a narrow view of the investments in GEWE and does not include the mainstreamed GEEW activities in the work toward achieving the other SDG targets that WHO is responsible for. It should be noted that an initial analysis of the application of the marker scores (not quality assured) on the Programme Budget planning information indicates that the planned costs for GEEW work in the 2024-2025 biennium amounts to approximately 17%. Work will be carried out to quality assure the application of the code to ensure that the codes reflect the work during the biennium.

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

3341000000

If you have a gender unit or department, please indicate its financial allocation (excluding staff cost).

1223716

If you have gender advisors or specialists, please indicate their financial allocation (excluding staff cost).

0

Financial benchmark established for GEWE.

10

How was the benchmark established?

A joint benchmark for gender, equity and human rights is set for 10% of the total expenditures 2025 – a separate benchmark for gender equality and women’s empowerment will be developed. The benchmark was included in the internal “Roadmap of the WHO Secretariat to advance gender equality, human rights and health equity 2023-2030.

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

2

How is the percentage calculated?

US\$ 84 374 726 out of the total Organizational expenditures of US\$ \$ 411 010 457; which provides the calculation of the expenditures for advancing SDG5 targets and SDG targets 3.1 and 3.7 divided by the total expenditures for the Organization for 2023 = 2%

(3.0 Baseline - GEM 3/2B) (GEAP) Has your entity established a financial target for gender equality and the empowerment of women as a principal objective (GEM 3)? Has it been met?

- No

(3.0 Baseline - GEM 3/2B) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The internal “Roadmap of the WHO Secretariat to Advance Health Equity, Gender Equality, Human Rights 2023–2030” includes a combined target for financing of programme that contributes to Gender Equality, Human Rights and/ or Health Equity. An internal review and decisions by 2026-27.

(3.0 Baseline - GEM 2/2A) Has your entity established a financial target for activities contributing significantly to gender equality and the empowerment of women? Has it been met? (GEM 2/2A)?

- No

(3.0 Baseline - GEM 2/2A) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The internal “Roadmap of the WHO Secretariat to Advance Health Equity, Gender Equality, Human Rights 2023–2030” includes a combined target for financing of programme that contributes to Gender Equality, Human Rights and/ or Health Equity. An internal review and decisions by 2026-27.

(3.0 Baseline - GEM 0) (GEAP) Does your entity develop a financial and narrative report (standalone or as part of another report) linking funding to specific gender-related results and ensuring there is a justification for activities considered GEM 0?

- No

(3.0 Baseline - GEM 0) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Currently the justification for application of the GEM 0 score is not collected. Since the GEM code is applied at the product/service level in the ERP system, an aggregated justification for the work per workplan could be sought to ensure that the additional documentation is manageable and meaningful for the offices while meeting this requirement, this could be implemented in the operational planning of the Programme budget 2026-27 that will commence in Q3 and Q4 of 2025.

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

(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: 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.

A Global GRE network comprised of 241 representatives from country and regional offices and Headquarters is functional. Most of the members of the network are P4 or equivalent) and are requested to allocate 20% of their time to GRE.

GRE Network meetings are held on a monthly basis to build capacity and exchange best practices. During 2024, some of the topics discussed in different global GRE Network meetings were (i) introductions to 'Barrier Assessment Methods' and experiences of its implementation by regional and country offices from EURO, AFRO and PAHO Regions and North Macedonia; (ii) 'Normative Frameworks and Accountability' for gender equality in WHO; (iii) WHA Resolution 60.25, UNSWAP, Gender in broader normative frameworks: WHA77 and GPW14.

GRE Clinics were also conducted in 2024 to which focal points dropped in on a need basis and received technical assistance from GRE technical leads.

The staff orientation package also now includes a session on GRE, including a pre-designed presentation containing basic GRE concepts and encouraging participation in the focal point network.

A webinar with WHO Country Office colleagues responsible for GRE to review the results of the 2024 GRE dimension-scores of the WHO scorecard, and to discuss next steps to strengthen these scores was held in 2024. Key outcomes included a list of commitments and actions from both CO and RO for 2025.

In 2024, the GRED department also conducted an online survey with focal points to gather information on (i) specific aspects of women's health that are currently being addressed within specific technical areas; (ii) progress and challenges related to collection, analysis and reporting of data disaggregated by sex and on gender; (iii) use of indicators to track progress towards gender equality in and through health. It aimed to capture obstacles faced, identify gaps, challenges, and opportunities to strengthen GRE approach to addressing all aspects of women's health across the life course and, more widely, to improving a results based approach to gender mainstreaming in health.

GRE Network focal points are key to ensuring that GRE considerations are integrated into their programmes and have driven the development of analysis and conducting of programme-specific GRE capacity-building efforts in their own technical or geographical contexts. Select examples of capacity-building efforts in 2024 include:

Regional Health Equity Monitoring Workshop targeting government representatives from Cambodia, Lao PDR, Malaysia, Mongolia, Philippines, and Viet Nam was held in May 2024 in Malaysia.

Country GER/SDH Policy/Capacity-building Workshop targeting decision makers in Papua New Guinea was held in October 2024 in Port Moresby, Papua New Guinea.

Country Health Equity Monitoring Workshop targeting members of a Technical Working Group responsible for developing Philippines first national Health Equity Roadmap was held in November 2024 in Manila, Philippines.

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

Gender, Rights, Equity and Diversity (GRED) is a full-fledged department under the office of the Director-General. Fixed term posts at HQ include ten (10) staff members comprised of one D2, five P5* (one post eliminated in July 2024), two full time P3s and one half time P3, one G5 and one P2 (JPO) work at the HQ level.

Within the GRED Department, there is a specific gender unit, which include 2.5 of these staff (one P5, one full time and one half time P3) as well as two ongoing consultants. In addition, the GRED department also manages Diversity, Equity, and Inclusion (DEI), and, during 2024, counted upon a P3 staff member to address this issue.

The hiring of staff is increasing in the regions of the Americas, Eastern Mediterranean, Africa, and Western Pacific to work on GRE. The GRE leadership team consists of the GRE leads at Headquarters and across all regions, and meets on a bi-monthly basis.

Total number of entity staff

9473

Total cost of all entity staff:

1242000000

Does the entity have a Gender Unit?

- Yes

Total number of staff in the gender unit:

10

Total staff cost of gender unit

1223716

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+
- Disability
- Racism

(If other) Please describe what other cross-cutting issues:

Health Equity and Human Rights

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

The GRED department includes work on human rights, health equity, diversity and inclusion as crosscutting mandates alongside gender equality. Financial and human resources have not been increased but are consistent with the resources received over time to all themes. The gender unit's work on LGBTQI+ currently consists of leading the cross departmental development of a Guideline on the Health of Trans and Gender Diverse Adults. This is funded by a grant from the Elton John Foundation, including funding for one consultant. WHO considers this work as central to its gender mandate, rather than

additional, given the specific ways in which WHO works on the relationship of sex characteristics and gender to health.

Work on gender parity is included within the Department's mandate as part of its DEI function but is shared with HRT. Risk management, as well as partnership and resource mobilization, are included as they pertain to risks, partnerships and resources for the department (rather than the organization as a whole). It should also be noted that the Department's work, in being cross cutting, addresses a variety of technical areas through the lens of gender, human rights and health equity.

Where is the gender unit located in the organigram / reporting lines?

The Gender Unit sits in the Department for Gender, Rights, Equity and Diversity in the office of the Director General. The Gender Unit Head reports to the GRED Department Director, who reports to the Chef de Cabinet.

Where is the gender parity function located?

Responsibility for gender parity is a shared responsibility between the Human Resource Department and DEI function of the GRED department.

Total number of gender focal points

241

Number of gender advisor and women's protection advisor posts that have been vacant for six months or more in the previous reporting year .

0

Does the entity have gender advisors/specialists that are not part of the gender unit?

- Yes

Total number of gender advisors/specialists not part of the gender unit in the most recent reporting year:

0

Total cost of dedicated gender advisors not part of the gender unit in the most recent available reporting year. (No longer mandatory as of 2023)

0

(3.0 Baseline - Staffing standards) Has your entity established staffing standards, including defining training and deployment preparation for supporting the implementation of the entity's gender equality goals?

- Yes

(3.0 Baseline - Staffing standards) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The induction training for new staff includes content on GRE Standards.

(3.0 Baseline - Fully funded - funding formula) Is the Gender department/unit fully funded according to an agreed funding formula, based on staffing standards or according to the entity mandate?

- Yes

(3.0 Baseline - Fully funded - funding formula) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

This is still being finalized, but on track. Resource mobilisation is needed to meet this requirement. It can be achieved by 2030.

(3.0 Baseline - Roster) (GEAP) Does your entity use a roster of specialized expertise on gender equality and the empowerment of women?

- Yes

(3.0 Baseline - Roster) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The human resource department maintains a list of experts as a roster and engages them when requested by any of the departments.

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

(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:
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 Gender Parity Policy and Action Plan stipulating concrete targets to achieve equal representation of women for general service staff and all professional levels is available and being implemented. There is an equal gender distribution among the Organization's 9473 staff members (50% women, 50% men), as of July 2024. Women accounted for 52.8% of all appointments completed from January 2024 to July 2024. 64 interns were selected, of whom over 82% were women. 67.2% of interns were from low- and middle-income countries. The current ratio of women at various levels is as follows:

General Service Category: 54% Women

National Professional Officer Category: 42.8% Women

Professional and Higher Category: 48.9% Women

In the General Service category, the overall percentage of women staff remained stable at 54% from 2023 to 2024. The G7 grade saw a slight increase in women staff from 50.8% to 52%, and the G6 grade increased marginally from 70.9% to 71.3% for women staff. The G5 grade experienced a small decrease from 74.0% to 73.3% women staff, while the G4 grade saw a more significant drop from 65.1% to 62.2% women staff. The G3 grade also decreased from 8.8% to 5.6% of women staff. Despite these variations, the overall gender distribution in the GS category remained consistent.

In the National Professional Officers (NPO) category, there has been a slight increase in the percentage of women staff from 2023 to 2024. The NO-D grade saw an increase from 36.1% to 37.8% women staff, while the NO-C grade increased from 39.3% to 40.4% women staff. The NO-B grade experienced a notable rise from 43.8% to 45.9% in women staff. However, the NO-A grade saw a slight decrease in women's representation from 58.0% to 57.5%. Overall, the subtotal for NPOs shows an increase in women staff from 42.7% in 2023 to 44.2% in 2024, indicating a positive trend towards gender parity in this category.

The representation of women in international professional and higher-graded staff holding long-term appointments varies. In grade D2, women make up 30.3% of the total appointments while in grade D1, the percentage of women is slightly higher at 34%. Similarly, in grade P6, women constitute 34% of the appointments while in P5, the percentage increases to 47.46%, indicating a higher proportion of women. In grade P4, women account for 44.40% of the appointments, which is slightly lower than in grade P5 but still significant. Women have the highest representation in P3, making up 57.77% of the total appointments.

Specific enforced recruitment measures include ‘if job openings fail to yield at least 30% women applicants’ or ‘shortlists do not include at least two women’, the job openings are reopened to facilitate additional outreach to underrepresented groups. These measures will continue until gender parity is achieved for underperforming grades. In the past three years, the number of women applicants increased from 36231 to 48803, with an increase of 25% in 2024 alone. Temporary recruitment measures were published on the external WHO career website. The automated addition of diversity statements to staff vacancy notices encouraging women to apply, along with the publicizing of the Organization’s efforts to improve gender parity, contributed to these favorable outcomes. A key challenge is the low number of applications from qualified multilingual medical professionals with management experience able to work in remote and emergency settings.

Has the entity’s work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period? (no longer mandatory)

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

Gender parity data by level

	Female	Male
P1	9.00000000	1.00000000
P2	87.00000000	58.00000000
P3	342.00000000	25.00000000
P4	484.00000000	606.00000000
P5	383.00000000	424.00000000
D1	69.00000000	134.00000000
D2	20.00000000	46.00000000
ASG	6.00000000	8.00000000
USG	0.00000000	2.00000000

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



Performance Indicator:
PI13 Organizational culture

MEETS

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

WHO continues to foster an inclusive culture supporting gender equality through its diversity, equity, and inclusion framework. Key measures include:

Respectful Workplace Programme (RWP): This programme institutionalizes respectful workplace efforts, contributing to the global workforce's well-being and success. The introduction of the Respectful Workplace Programme in 2023, marks a significant shift from isolated initiatives to a comprehensive, institutionalized effort that emphasizes WHO’s dedication to

respect, inclusivity, and fairness across the organization.

Effective Internal Justice System: WHO monitors the internal justice system reform initiated in 2016. An external review confirmed its success and provided recommendations for further improvements. The Human Resources and Talent Management Department has prepared an implementation plan for 2023/2024, including outreach missions and training.

HR Agenda for Diversity, Equity, and Inclusion: Published in May 2022, this agenda includes policies for parental leave and flexible working arrangements to support gender equality.

Policy on Preventing and Addressing Retaliation. Published in 2023, the Integrity Hotline offers a confidential channel for reporting concerns.

Employment of Persons with Disabilities: WHO ensures full and equal rights for persons (women) with disabilities.

Mental Health Programme: Guidance and support for mental health and work efficiency issues were provided, alongside individual support for mental health-related concerns. Preparations are under way for an e-learning project aimed at delivering basic knowledge on mental health at work. Continuing mental health support has been provided, with staff counsellors and psychologists available to address more detailed needs, as necessary.

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

The following policies are being implemented:

Unified parental leave policy

Maternity leave increased from 16 to 24 weeks (about 5.5 months).

Internal funding mechanism for temporary backfilling during maternity leave to support technical programs, organizational effectiveness, and employee well-being.

Adoption leave increased from 8 to 16 weeks (about 3.5 months) for a single adoption and 18 weeks (about 4 months) for multiple adoptions.

Surrogacy leave of 16 weeks (about 3.5 months) for a single child and 18 weeks (about 4 months) for multiple children.

All parents, whether breastfeeding or not, are now granted daily time off 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.

Staff Health and Wellbeing Department promotes physical and mental health among the workforce, especially parents. Key health promotion activities included blood donation campaigns held on February 13 and June 13 in collaboration with HUG, hearing screening campaigns on February 27 and 29 with Technical Units, and an obesity campaign from March 4 to 8, also in partnership with HUG.

WHO staff participated in webinars on various health topics such as hearing health and menopause.

Preventive measures included vaccination consultations, maternity leave consultations, and the establishment of new breastfeeding rooms.

Periodic medical examinations and office visits for ergonomic and environmental assessments were also conducted.

171 staff members received training across 16 sessions in both English and French for WHO HQs, UNAIDS, IARC (Lyon), and Academy staff in First Aid.

Guidance and support for mental health and work efficiency issues were provided, alongside individual support for mental health-related concerns.

Preparations are underway for an E-Learning project aimed at delivering basic knowledge on mental health at work.

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

WHO promotes work-life balance through policies like part-time work, teleworking, and scheduled breaks for learning. Teams and other IT tools are actively used.

A system for "no meeting week" is introduced to allow time for individual work.

A global task force was established to review and improve WHO's contractual arrangements, ensuring a supportive and productive work environment. The task force completed its work in December 2022, recommending initiatives like the Respectful Workplace, Lead Innovation, and expanding the Ombudsman's Network.

To address stress and fatigue, Mental Health at Work Programme is introduced, offering availability of regional counsellors, Mental Health Mondays, a mental health platform and app, mindfulness training, and a 24/7 counselling service in 48 languages.

Well-being Team has been actively involved in the IMSTs pillar-driven system, focusing on the health and well-being of emergency personnel. Support has been provided through pre and post-deployment briefings for personnel in graded emergencies, as well as field support involving rapid health risk assessments and the establishment of health support plans for WHO and its partners.

Referral care pathways, including MEDEVAC mechanisms, have been coordinated with local facilities, UN physicians, and international MEDEVAC air ambulances and receiving hospital networks.

Travel health kits and specialized kits for field support were provided, and training support was offered in collaboration with UNDSS/WHO SEC on IFAKs, ETBs, and MCI. Ongoing mental health support has been provided, with staff counselors and psychologists available to address more detailed needs as necessary.

A Global Desk is available to handle incoming requests for reasonable accommodation from both workforce (and their dependents) and job applicants with disabilities.

An assessment of WHO's performance management system was conducted by an external contractor from May 2022 to January 2023. Recommendations were made for the improvement of related policies, systems and processes based on best practices in the industry and the specificities of WHO. The assessment considered the opportunities presented by the introduction of the new business management system to build on the performance management functionality of the new system and achieve business process optimization, as well as to address the specific challenges to performance management presented by large-scale teleworking.

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

The Teleworking module in GSM (ERP), created in 2020, serves as an online application and tracking mechanism for staff at all professional and GS levels, covering both occasional and exceptional teleworking arrangements.

Corporate HR policies and initiatives have integrated gender and diversity aspects, including:

Policy on Preventing and Addressing Abusive Conduct (adopted 1 March 2021)

Policy Directive on Protection from Sexual Exploitation and Abuse (adopted 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 (workshops, counselling, mentoring, and coaching throughout 2024)

Career Paths Initiative (ongoing since 2022)

Emotional Intelligence in the Workplace initiative (launched 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.

Periodic staff meetings are scheduled during core working hours and on the working days of part-time staff, with teleconferencing and other IT tools actively promoted. Meetings involving staff in Malaysia, the Western Pacific region, and the Philippines are scheduled for early CET hours to accommodate time differences.

Based on the feedback collected since the headquarters induction programme began being delivered online, where participants expressed a strong preference for in-person programmes, the decision has been made to transition the programme back to a face-to-face format.

Approximately 130 staff members will be invited to participate in the headquarters induction programme.

The first phase of development of the new global induction programme is finalized and the second phase, including translation in French, has already been initiated. The programme, developed in partnership with the United Nations System Staff College, is designed to ensure that all newly recruited staff members at any WHO location receive the same information about working for the Organization. Its modular e-learning pathway will be implemented globally in 2025.

Regular global staff surveys and mandatory exit interviews

WHO established a five-year LTA for conducting corporate surveys and creating a benchmarking database. LTAs are in place with two providers to standardize survey administration, apply consistent methodology, offer a help desk, assist with reporting, and create action plan platforms. HRT ensures gender-sensitive features in all WHO surveys, with action plans developed by major offices.

From December 2017 to 2024, over 30 all-staff surveys were conducted, focusing on WHO Transformation Initiatives in areas like gender, diversity, equity, inclusion, contract modalities, career pathways, mental health, innovation, teleworking, and staff well-being. A survey governance mechanism is being implemented to reduce survey numbers, combine departmental requirements, and prevent cybersecurity incidents.

Gender analysis of exit interview responses provided insights into organizational culture, recruitment, retention, and employee experiences.

Developed standardized demographic questions for workforce surveys to better understand respondent characteristics and analyze responses. Survey data will be disaggregated by hiring office, sex, and tenure to identify patterns and insights, enabling interim pulse surveys.

Governance mechanisms and standards will improve survey conduct, ensure confidentiality, track post-survey impacts, control investments, and create more engaging surveys.

Disaggregated survey data will collect and analyze perceptions of people with disabilities and diverse origins.

The first version of the external human resources portal for Member States was rolled out in May 2023 and has been updated based on feedback received. Further leveraging of the HR analytics technology will reduce the time spent on collecting workforce data and promote transparency of representation data through web-based HR systems.

To monitor workforce composition in real time, the human resources business intelligence (HR BI) dashboard was launched in 2023. The new HR BI dashboard enables to measure progress against staffing related targets across all major offices, to identify HR trends, and to focus on areas that require further investment. HR BI is not only a modern tool that provides an overview of critical HR metrics in one place, but is also a systematic process of gathering, analyzing, communicating, and using evidence-based HR analytical insights. Each Manager can see workforce information for their respective unit, department or division, members of teams, data by contract or appointment types, contract duration, retirement forecasts and diversity

indicators (gender, geographical representation, and mobility) for informed decision-making and actions to progress on staffing related targets.

The business management system (BMS) is being used as an opportunity to: introduce diversity features; adopt disaggregated parameters; and introduce voluntary disclosures for additional demographics, including disabilities, ethnicities.

Sexual harassment

The policy on Preventing and Addressing Sexual Misconduct and Sexual Harassment was adopted in March 2023.

The revised policy on Preventing and Addressing Abusive Conduct, covering harassment (excluding sexual harassment), discrimination, and abuse of authority, was issued on 20 June 2023.

The rollout includes a communication campaign and regular reminders to the workforce about their duties in preventing and addressing abusive conduct.

Background verification is emphasized through tools like Clear Check, a UN system-wide database for screening candidates. A system ensures the implementation of prevention measures in all offices, with new approaches being explored to enhance verification and screening.

Vacancy notices emphasize WHO's zero-tolerance policy on misconduct, with rigorous reference and background checks for all candidates. 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.

Moreover, a system was established to ensure implementation of the policy's prevention measures in all offices.

New approaches to further expand and strengthen verification and screening services are being explored.

WHO mandatory training completion rates are robust, ranging from 89% to 93% for the following training courses: prevention of sexual exploitation and abuse (93%); united to respect – preventing sexual harassment and other prohibited conduct (general and managers' versions) (94%).

UN Ethics-related Legal Arrangements

The Director-General launched a Code of Ethics and a Policy on Preventing and Addressing Retaliation (PAR) on 1 July 2023. Compliance rate of the mandatory WHO ethics empowerment course is 89% in 2024.

The implementation plan for the WHO Policy on Preventing and Addressing Abusive Conduct continues to be rolled out within the limits of available resources.

To reduce the number of cases to be investigated, HRT, in consultation with IOS, is working on strengthening the informal resolution of abusive conduct-related disputes through benchmarking best practices among international organizations for effective managerial intervention, developing required intervention strategies based on this benchmarking and dedicating staff members to implement these strategies.

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. Following the review of the internal justice system in 2022, the Human Resources and Talent Management Department prepared an implementation plan to address the recommendations covering the period from 2023 to 2024 in close coordination with all stakeholders.

In line with the implementation plan, during 2023 and 2024 internal justice system outreach missions have been conducted in the Regional Office for the Western Pacific in Manila, the Regional Office for South-East Asia, the Regional Office for Europe, and the Global Service Center in Kuala Lumpur.

Induction trainings on the internal justice system are provided each year to newly recruited staff members from the Regional

Office for the Eastern Mediterranean. These activities aimed at raising awareness among staff members and management about the work of the internal justice system and the separate mechanisms to ensure their correct implementation.

Senior management staff continues to assess the most effective means of implementing the external consultant's recommendations that the Organization establish a staff-relations officer and provide legal assistance to staff members in their grievances before the internal justice system.

Implemented all recommendations from the Joint Inspection Unit's report concerning the review of the internal pre-tribunal-stage appeal mechanisms available to staff of the United Nations system organizations (document JIU/REP/2023/2) as reported to the PBAC in May 2024

(3.0 Baseline - Internal gender and power analysis) (GEAP) Has your entity conducted an internal gender and power analysis or equivalent of the systems, structures and hierarchies and formal and informal decision-making to identify and remove barriers to gender equality?

- No

(3.0 Baseline - Internal gender and power analysis) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Systematic awareness raising in the organisation regarding its importance and for broader acceptance

New PI - PSEAH (3.0 Baseline - Entity-level Action Plan) (GEAP) Does your Entity have an entity-wide Action Plan based on risks assessments, developed, resourced and implemented across the entity globally on 1) Protection from Sexual Exploitation and Abuse 2) Protection from Sexual Harassment, using a victim-centered approach?

- Yes

New PI - PSEAH (3.0 Baseline - Entity-level Action Plan) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

WHO reports routinely to its Governing Bodies. Prevention of and Response to Sexual Misconduct is a standing agenda item, and the latest reports can be found at the following links: A74/36 (May 2021); EB150/33 (Jan 2022); A75/29 (May 2022); EB152/31 (Jan 2023); EB154/30 (Jan 2024)

WHO also holds Quarterly Member States briefings on annual basis. The supporting documents are published on public-facing website at the following link: WHO | Member States Programmatic Information session

In addition, WHO reports publicly on website allegations, investigations and disciplinary actions, updated on a monthly basis and available at the following links:

<https://www.who.int/about/office-of-internal-oversight-services/dashboards/sexual-misconduct-and-abusive-conduct>

<https://www.who.int/about/office-of-internal-oversight-services/dashboards/sexual-misconduct-and-abusive-conduct/disciplinary-actions>

New PI - PSEAH (3.0 Baseline - Report on the PSEA and SH) (GEAP) Does your entity report to its governing body on the PSEA and SH actions taken?

- Yes

New PI - PSEAH (3.0 Baseline - Report on the PSEA and SH) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

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<https://www.who.int/about/office-of-internal-oversight-services/dashboards/sexual-misconduct-and-abusive-conduct/disciplinary-actions>

New PI - PSEAH (3.0 Baseline - Lasting change) Does your entity include the update of progress achieved in the promotion of a lasting change in organizational culture, behavior and attitudes towards all forms of SEA and SH in its annual PSEA and SH report to entity's governing body?

- Yes

New PI - PSEAH (3.0 Baseline - Lasting change) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The Preventing and Responding to Sexual Misconduct WHO's Three-Years Strategy 2023-2025 includes a specific "Action" on behavioural/culture change across the Organization (Action 4). The Implementation Plan and the reports to Governing Bodies (both hyperlinked above) include progress under this action.

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

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

The nature of work changed with increased virtual communication due to more teleworking and remote working.

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI14 Capacity Assessment

EXCEEDS

14ci. Entity-wide assessment of capacity of all relevant entity staff at HQ, regional and country levels in gender equality and women's empowerment is carried out.

WHO implemented its first-ever organization-wide capacity assessment on gender equality, health equity, and human rights in 2022. The 32-question survey aimed to gauge the knowledge, skills, and capacity-building needs of WHO's workforce on gender equality, health equity, and human rights. The assessment was built on existing models from UN WOMEN and other UN agencies and included quiz questions to effectively test the knowledge of survey takers on the thematic areas, in addition to assessing their perceived understanding of these areas. Major findings of the assessments included (1) significant variation in knowledge, skills, and attitudes of the WHO workforce associated with advancing and integrating gender equality, human rights, and health equity in their respective areas of work, (2) the lack of a shared understanding of basic principles, concepts and terminology, (3) the need for a tailored approach to specific roles and responsibilities of the WHO workforce, (4) appreciation for interactive learning experiences, hands-on learning, using examples, learning by doing, peer learning and on the job training, and (5) the need for a practical approach that allows individuals to use the learning in their day-to-day work.

14cii. A capacity development plan is established or updated at least every three years.

Based on these findings, a capacity development plan was developed through a consultative process with GRE Programme Staff and the GRE network. The plan aims to ensure that WHO staff member is equipped to fulfil their responsibility to take

evidence-based, gender-responsive, human rights-based, and equity-oriented actions so that every individual across the world may enjoy their right to the highest attainable standard of health and health-related human rights, free from inequality, discrimination, human rights violations, and abuses, in support of WHO's mandate and international commitments of Member States.

Specifically, capacity-building efforts aim to enable staff to (1) explain key concepts, approaches, mandates, and principles of gender equality, human rights, and health equity and how they contribute to the highest attainable standard of health, (2) demonstrate a commitment to gender equality, human rights and health equity mandates, values and principles in their daily work and deliverables, (3) apply relevant gender-responsive, human rights-based and equity-oriented approaches, resources and tools and adapt them to specific programme and contexts, and (4) advocate for the advancement of gender equality, human rights and health equity as central to WHO's mandate. The plan outlines key learners and their pathways and describes what actions the GRE Programme needs to undertake to deliver learning opportunities promptly. The capacity building plan outlines the following learning opportunities:

- 1 Monthly meetings of the GRE Global Network
- 2 Regular Community of Practice meetings
- 3 A mandatory Foundational Course on the GRE for the entire WHO workforce
- 4 Two intermediate and two advanced modules on GRE hosted by the WHO Academy
- 5 Courses from specific technical programmes with GRE content
- 6 GRE courses from the UN and partner agencies
- 7 Deep dive live sessions to build on the GRE Course for hands-on application of learning
- 8 Workshops for in-person learning
- 9 The development of a learning hub or exchange and sharing
- 10 A help desk and one-on-one sessions with GRE Programme staff

- Differentiated learning pathways made up of a combination of the above learning opportunities targeted to integrate GRE in specific roles are made available for headquarters and regional GRE focal points; country office GRE focal points; WHO representatives, directors, and managers; technical officers; programme officers, management officers, programme managers, and executive officers; training developers and communications and resource mobilization officers. These trainings sometimes extend to national counterparts and introduce key GRE concepts and tools and provide participants with information on use of disaggregated data, how to conduct gender, equity, and rights analyses, and help participants apply principles to their current work – identifying next steps to integrate GRE.

(3.0 Baseline - Costed global capacity development plan) Has a costed entity-wide capacity development plan to support the acquisition of relevant skills and knowledge on gender equality and the empowerment of women been designed and is being implemented? Is it costed? Has it ever been evaluated?

- Yes

(3.0 Baseline - Costed global capacity development plan) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

An action plan for capacity development was developed. This is work being undertaken in collaboration with the WHO Academy. Delays in implementing and evaluating the action plan are due to delays in the full staffing and official launch of the Academy.

(3.0 Baseline - Effective use of skills and knowledge) (GEAP) Does your entity provide capacity development opportunities on gender equality skills and knowledge to personnel in specific roles and functions (for example programme managers or HR personnel, etc.)?

- Yes

(3.0 Baseline - Effective use of skills and knowledge) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

An entity-wide Gender Focal Points are invited to a meeting of the GRE Network every month. Each monthly session offers theme-based learning sessions on various aspects of gender, rights, and equity. The ILEARN Catalogue 2024-25 offer two

courses on (i) I Know Gender and (ii) Gender Rights and Equity to all staff members. During 2024 325 staff members (73 women and 252 men) from Headquarters and regions participated in I Know Gender Course through ILEARN.

(3.0 Baseline - Unconscious bias training) (GEAP) Has your entity rolled out unconscious bias training starting to senior leadership? Other personnel?

- Yes

(3.0 Baseline - Unconscious bias training) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The Human Resource Department offered a training on 'UNCONSCIOUS BIAS' to all staff members. The training module is also included in the ILEARN system and available in the list of recommended training. A standard video on unconscious bias is also made available for viewing by all members of selection panels.

(3.0 Baseline - GRL) (GEAP) Is gender-responsive leadership (GRL) training undertaken by senior leadership in your entity?

- No

(3.0 Baseline - GRL) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

This is part of the capacity development plan but not implemented due to resource constraints and delays to WHO Academy as noted above.

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

(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.

The World Health Organization's (WHO) gender strategy of 2007 outlines four key priorities: enhancing WHO's capacity for gender analysis and planning, integrating gender equality perspectives within WHO's management and external operations, promoting the use of sex- and age-disaggregated data, and ensuring accountability across programs for gender-responsive outcomes. In 2011, a manual titled "Gender Mainstreaming for Health Managers: A Practical Approach" was published to guide teams working at various levels. In 2024, substantive work began to update the 2011 manual into a technical guidance toolkit. This toolkit aims to strengthen WHO's leadership and technical capacity to incorporate gender-responsive approaches in health systems. It also seeks to support Member States in translating knowledge on how gender intersects with other health determinants into actionable health policies, programs, services, and gender-responsive health systems that promote gender equality and address health inequities. The toolkit emphasizes the impact of gender roles, norms, and relations on health outcomes and aims to advance gender equality and health equity in alignment with WHO's 14th General Programme of Work (GPW14). The development of the technical guidance toolkit is linked to WHO Global Good 1345, which pertains to technical guidance on mainstreaming gender in health and development, initiated in 2020. Extensive feedback from WHO regional leads, departmental heads, GRE focal points, and external gender and health experts has informed the toolkit's development, ensuring it meets the latest global health standards and is both inclusive and practical. The updated technical guidance toolkit has been restructured to address the feedback received during the consultative process and to provide a streamlined, user-friendly resource for gender mainstreaming in health. The resource is designed to address gender norms, roles, and relations in various contexts and health challenges, thereby advancing gender equality within and through health

systems It comprises an initial nine standalone thematic modules, each containing a Technical Guidance document and a complementary 'Learning and Implementation Guide'. Additionally, an overarching Training Guide for Facilitators is being developed with a more flexible format and approach. A digital training format is also planned to enhance accessibility and broaden reach in the future. This modular approach simplifies future updates to specific modules and the addition of new ones. The revised toolkit distributes the technical content from the original Facilitator's Guide, Participant's Notes, and the supplementary module across each thematic module, as well as the cross-cutting guidance modules. Similarly, activities from these original components are organized into the Learning and Implementation Guides, ensuring that each module combines theory with practical applications. This modular design allows facilitators and participants to engage with structured, contemporary content that builds on WHO's foundational principles while adapting to the latest evidence and best practices in gender equality and health. Foundational modules will be finalised in 2025.

- The ILEARN catalogue features two significant courses among its recommended offerings: "Equity, Gender, and Human Rights" and "I Know Gender." These modules are designed to enhance staff competencies in developing and implementing gender-responsive, equity-enhancing, and rights-focused health programs. Additionally, they aim to increase WHO staff's ability to create and execute health programs that are gender-responsive, equity-enhancing, and rights-based.
- A Train the Trainers Virtual Workshop was conducted on 'conducting assessments of barriers to effective health service coverage'. The workshop, scheduled across four sessions in October 2024, covers various modules including fundamental concepts, key informant interviews, quantitative analysis, and focus group discussions, all grounded in the Tanahashi framework.

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

- Yes

Does your entity provide tailored trainings to gender focal points (GFP)?

- Yes

If yes, please briefly describe the outline of the GFP training:

GRE focal points (who constitute the Global GRE network) participate in monthly meetings. These meetings build the capacity of these focal points on a range of issues and tools. Each quarter, one of these meetings is structured as a community of practice focusing on cross-country exchange of best practices in the application of various GRE tools. Additionally, GRE focal points from different regions participate in workshops supported by different grants. For instance, through the CanGive grant, in 2023, GRE focal points and vaccine and immunization staff from many countries in the African region participated in regional workshops on the integration of GRE in vaccination efforts. Some countries, such as Namibia, organized national-level capacity-building for their staff and national counterparts on GRE integration. GRE focal points are also invited to participate in GRE training organized by specific programmes, some organized by WHO staff, and some by universities leading on GRE integration in these programme areas. For instance, the Immunizations, Vaccines and Biologicals department co-organized with UNICEF and GAVI a webinar series for all gender focal points open to all staff entitled Why Gender Matters for Immunization: IA2030. AFRO GRE focal points led a 3-day multi-country workshop aimed at building the capacity of GRE and immunization focal points for the alignment of gender, equity and human rights integration approaches and frameworks for the Canada-supported WHO COVID-19 Vaccine delivery project in the African Region. Participants came away from the workshop having reflected on GRE informed theories of change for immunization projects, developed GRE components of country immunization work plans, having integrated GRE components in monitoring and evaluation frameworks and with a greater understanding of GRE tools and frameworks.

Does your entity provide trainings to technical staff or programmatic staff, e.g., on gender-responsive implementation/programming?

- Yes

If yes, please briefly describe the outline of the training provided to technical or programmatic staff:

These workshops range between 90 minutes and three days and provide a varying amount of detail but generally expose participants to key GRE concepts and tools and provide participants with information on the use of disaggregated data, how to conduct gender, equity, and rights analyses, and help participants apply principles to their current work by identifying next steps to integrate GRE.

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

(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.

The Department of Communications (DCO) continued to support technical teams with communications activities and dissemination of guidance and recommendations on topics highlighting various human rights issues facing women such as abortion, violence against women and violence against women with disabilities and women with disabilities over 60. During 2024:

- A large proportion of communications focused on health topics that are gender specific or disproportionately affect a women, for example cervical cancer, sexual health and reproductive rights, gender inequalities in the context of antimicrobial resistance, and violence against women.
- Information was published on gender equality and women's empowerment, and issues for transgender and gender diverse people on the WHO website.
- A range of awareness raising campaigns were conducted to highlight the gender dimensions of different health topics and the unique health challenges faced by women and girls, and in some cases men (please refer to list of supporting documentation for examples). Whenever possible, these materials were made available in the six official UN languages to ensure maximum accessibility.
- Communications products were monitored to ensure they are gender responsive
- The Internal One WHO intranet actively supported raising awareness of gender-related issues of concern (for example, cervical cancer awareness month in January, 16 Days of activism campaign (for ending violence against women).
- All training sessions held during 2024 included a section on gender equality and gender mainstreaming (please see attached screenshot).
- Presentations were delivered on the UN SWAP framework and the SAGER guidelines specifically tailored to communications officers.(please see attached screenshot).
- A process was begun to update the WHO brand guidance in collaboration with WHO's Gender, Equity, Diversity, and Rights for Health team. This update specifically aims to highlight gender-related recommendations and include practical guidelines. The updated branding guidance is expected to be available in 2025.

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

- The WHO communications strategy was modified in 2021 in response to the UNSWAP requirements to include gender equality and women's empowerment. This strategy remained effective during 2022-2023. In 2024 the communications strategy was revised and now includes an analysis of WHO's user personas, thus providing insights into its current audiences, including a breakdown by sex. It also places a stronger emphasis on gender and disability inclusion across all communication efforts. (please see attached screenshot)

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

The GRED Department and other departments are actively involved with the following inter-agency networks and groups:

- 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
- UN Joint program on essential services for violence against women
- Human Rights Interagency Working Group
- Indigenous Peoples (IASG on Indigenous Peoples)
- Action Against Racial Discrimination (UN Network on Racial Discrimination and Protection of Minorities)
- UN Gender Focal Points Network (Formerly, The UN Gender Focal Points/Focal Point for Women)

The Department of Communications is committed to continue collaborating with the Department of Gender, Rights and Equity to ensure gender mainstreaming efforts continue throughout 2024.

1. IANWGE: Inter-Agency Network on Women and Gender Equality
2. Inter-Agency Standing Committee (IASC)
3. UN Task Force on Violence Against Women
4. UN joint programme on VAW data

6. UN Joint program on essential services for violence against women
7. UN Gender Focal Points Network (Formerly, The UN Gender Focal Points/ Focal Point for Women)

(3.0 Baseline - High-level reports and/ or briefings) (GEAP) Has a gender perspective been mainstreamed in high-level reports and/ or briefings as relevant, including in UN Secretary-General reports that your entity drafts as appropriate?

- No

(3.0 Baseline - High-level reports and/ or briefings) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The gender perspectives have been mainstreamed in high level reports and briefings. Some examples are as follow:

- Malaria Report
- Evaluation Report of GPW

WHO is not tasked to draft UNSG reports.

(3.0 Baseline - Lessons learnt) (GEAP) Has your entity captured and shared lessons learnt and best practices on the effectiveness of knowledge management systems and communication channels for promoting gender equality and the empowerment of women?

- Yes

(3.0 Baseline - Lessons learnt) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The Department of Communications and the Evaluation Office have been jointly working on an evaluation project of 13 WHO Global Health Days and Weeks mandated by the World Health Assembly, covering the period from 2019 to 2023. The evaluation serves the dual purposes of accountability and learning, providing an independent assessment of the celebration of the Global Health Days/weeks and its impact, together with good practices and lessons learned.

Gender equality and human rights considerations were included in the evaluation design and implementation, as follows:

- Diverse evaluation team composition: The evaluation team has four women and one man from diverse nationalities, including three members from high income countries (France and Switzerland) and two from lower-middle income countries (India and Kenya).
- Gender equality and human rights-integrated evaluation questions and tools (GEHR): The evaluation questions integrated GEHR considerations (please refer to table below). The tools were also developed to reflect GEHR considerations where possible.

4.1 To what extent is the communication design and quality of messaging and materials appropriate, with messages segmented to maximize reach for intended audiences, including from a gender, equity and human rights perspective?

4.2 To what extent do campaigns reach target audiences, including marginalised populations with key health messages, accounting for gender, equity, human rights and disability inclusion dimensions?

- Recruitment of participants for key informant interviews and focus group discussions: Participants were selected to ensure equitable representation, reflecting the range and diversity of partners involved with the campaigns, and the representation of marginalized groups.
- Analysis of data: Where possible, the data collected was disaggregated based on GEHR considerations, such as gender and geography.
- Compliance with United Nations Evaluation Group and WHO Guidance: The evaluation adhered to relevant guidance from United Nations Evaluation Group (UNEG) and WHO guidance on GEHR, including: Guidelines on Integrating Human Rights and Gender Equality in Evaluations (2011), and 2014, WHO Guidance Note on Integrating Health Equity, Gender Equality, Disability Inclusion and Human Rights in WHO Evaluations, WHO Policy on Disability.

NB: The analysis and results of the above evaluation exercise are currently under review; the findings will be made available in the first quarter of 2025.

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

(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.

The GRE Department and other Departments in WHO are actively involved in, and regularly coordinate with, several standing and time-limited UN interagency bodies related to gender equality and women's empowerment, including but not limited to the:

- Inter-Agency Network on Women and Gender Equality, including active participation in the following IANWGE working groups: Intersectionality, Gender Architecture, Beijing plus 30 reviews.
- UN Task Team on protection from violence & discrimination based on SOGIESC
- UN Gender Focal Point Network
- Generation Equality Action Coalition on Gender-Based Violence

In addition to participation in networks specifically focused on gender equality and the empowerment of women, WHO also participates in related groups where gender perspectives are emphasized, including:

- UN Inequalities Task Team of the High-Level Committee on Programmes (HLCP)
- Inter-agency Support Group on Indigenous Peoples, including substantive contribution to indicators to measure progress in UN SWAP on Indigenous Peoples
- Action Against Racial Discrimination (UN Network on Racial Discrimination and Protection of Minorities)
- Inter-agency group on the SG's Call to Action on Human Rights
- HLMC Working Group on DEI and the HLMC DEI subgroup on Disability Inclusion.
- World Bank and UN Agency DEI Network (Ubuntu)

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

organization, organized meetings, and convened fruitful discussions and collaborations beyond completing 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 consistently provides support to the rest of the UN system at all levels, including the country level, for PRSEAH, as a critical component of an enabling organizational culture. Working with United Nations and humanitarian stakeholders, in 2024, WHO collaborated closely with United Nations and humanitarian partners and contributed to addressing system-wide challenges and gaps. (a) WHO co-leads together with World Vision International a system-wide training workstream to improve and harmonize training offered to all agencies and prioritize learning for United Nations resident and humanitarian coordinators, country-level agency heads and inter-agency and agency focal points. (b) WHO co-funded, re-designed and delivered revised training for protection from sexual exploitation and abuse coordinators deployed by the Inter-Agency Standing Committee, together with IOM. 5 in the 15 high-risk priority countries: Bangladesh (Cox's Bazar), Afghanistan, Pakistan, the Syrian Arab Republic, Türkiye, Yemen, Sudan, South Sudan, Somalia, Ethiopia, Mali, the Central African Republic, Nigeria, the Democratic Republic of the Congo and the Bolivarian Republic of Venezuela. 6Emergency Response Framework: Internal WHO procedures. Geneva: World Health Organization; 2024 (accessed 27 November 2024). 7The goal of socializing is to ensure workforce buy-in and commitment to the strategy. 8See the website of the Inter-Agency Standing Committee (accessed 27 November 2024). EB156/28 4 (c) WHO hosted a meeting of United Nations and humanitarian investigators on integrating a stronger victim- and survivor-centred approach in a harmonized way⁸. (d) WHO convened a global consultation on creating an evidence base to further improve sexual misconduct prevention and response efforts. (e) WHO continued to serve on the United Nations Executive Group to Prevent and Respond to Sexual Harassment in the United Nations System. It also contributed to inter-agency working groups on implementing partners and the development of core documents on preventing and responding to sexual exploitation and abuse and sexual harassment https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_28-en.pdf. WHO's collaborates with various UN and humanitarian stakeholders, governments, and civil society. For example, WHO works closely with the UN Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA), the UN Office of the Victims' Rights Advocate (OVRA), the Inter-Agency Standing Committee (IASC), and other relevant working groups to ensure a meaningful victim- and survivor-centred approach.

(3.0 Baseline - Inter-agency coordination mechanisms) Has your entity effectively mainstreamed or contributed to mainstream a gender perspective into inter-agency coordination mechanisms?

- Yes

(3.0 Baseline - Inter-agency coordination mechanisms) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Members of the GRE Department and other Departments in WHO are actively involved in strengthening the inclusion of gender perspectives in a number of interagency groups including, amongst others: :

- UN Inequalities Task Team of the High-Level Committee on Programmes (HLCP)
- Inter-agency Support Group on Indigenous Peoples, including substantive contribution to indicators to measure progress in UN SWAP on Indigenous Peoples
- Action Against Racial Discrimination (UN Network on Racial Discrimination and Protection of Minorities)
- Inter-agency group on the SG's Call to Action on Human Rights
- HLMC Working Group on DEI and the HLMC DEI subgroup on Disability Inclusion.
- World Bank and UN Agency DEI Network (Ubuntu)

New PI - Stakeholder Engagement (3.0 Baseline - Consultation with civil society organizations and associations) (GEAP) Does your entity regularly consult through established consultation system/ organizations or associations that promote gender equality and/or the rights and empowerment of women and girls to inform relevant programming and/or inter-governmental processes?

- Yes

New PI - Stakeholder Engagement (3.0 Baseline - Consultation with civil society organizations and associations) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Civil society organisations are entitled to apply for the status of non-state actor in official relations within the WHO Framework of Agreement for Engagement with Non-State Actors (FENSA). Several gender equality related organizations have such a status, including for example Women in Global Health (WIGH), the Center for Reproductive Rights and the International Planned Parenthood Federation (IPPF), amongst others. Civil society organizations with such a status develop a workplan with WHO with specific deliverables to align objectives. For example, WIGH has specific deliverables on PRS and with, the Health Workforce Department,.

In addition, the Director General has established a Civil Society Commission to strengthen dialogue, foster collaboration and provide recommendations to support WHO on its engagement with civil society at global, regional and national levels.

New PI - Stakeholder Engagement (3.0 Baseline - Meaningful participation of civil society organizations and associations) (GEAP) Does your entity engage regularly with organizations or associations that promote gender equality and/or the rights and empowerment of women and girls for their meaningful participation in activities led and/or supported by UN entities?

- Yes

New PI - Stakeholder Engagement (3.0 Baseline - Meaningful participation of civil society organizations and associations) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

Across the WHO's three level (global, regional and country level) architecture, there is regular and multiple forms of engagement with civil society for the implementation of a variety of activities. This is promoted through the civil society advisory commission that has been established at global level and the recent Member State resolution on social participation. <https://www.who.int/about/collaboration/civil-society-and-ngo-engage...>
https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf

New PI - Stakeholder Engagement (3.0 Baseline - Enabling economic opportunities) (GEAP) Does your entity contribute to enabling economic opportunities for women and girls and/or supporting access to financing?

- Yes

New PI - Stakeholder Engagement (3.0 Baseline - Enabling economic opportunities) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

This is part of the response actions for victims/survivors of Sexual Exploitation and Abuse as defined by the UN bulletin. In line with the UN Protocol for the provision of assistance to victims, socio-economic reintegration programmes are funded via the WHO Survivor Assistance Fund. In the past two years, WHO offered socio-economic rehabilitation (livelihood generation) to 115 women in DRC who were survivors of alleged SEA by perpetrators of various agencies.

New PI - Stakeholder Engagement (3.0 Baseline - Private sector and/or philanthropy) (GEAP) Does your entity build and maintain strategic partnerships with the private sector and/or philanthropy for gender equality and the empowerment of women and girls?

- Yes

New PI - Stakeholder Engagement (3.0 Baseline - Private sector and/or philanthropy) (GEAP) If YES, please provide a brief explanation and upload evidence if available. If NO, please indicate what would be needed to meet this requirement and by which year it can be achieved, if not in 2024?

The WHO Department of Resource Mobilization has a list of 50 portfolios of philanthropies and private sector companies with whom they engage with. From the 50 portfolios, the following nine donors to WHO present and recent past grants, have gender equality and/or women empowerment as one of their priorities:

- Gates Foundation
- Clinton Health Access Initiative
- Children's Investment Fund Foundation
- David and Lucile Packard Foundation
- Gilead Science
- Grand Challenges Canada
- Open Society Foundations


- Richter Gedeon Vegyeszeti Gyar
- United Nations Foundation


WHO has a digital portal with information on contributors providing funding to WHO. Here is an example of the contributions from Children Investment Fund Foundation: [https://open.who.int/2024-25/contributors/contributor?name=Children%27s%20Investment%20Fund%20Foundation%20\(UK\)](https://open.who.int/2024-25/contributors/contributor?name=Children%27s%20Investment%20Fund%20Foundation%20(UK))

Has the entity’s work in this field been impacted by the COVID-19 crisis or other emerging crises during the reporting period? (no longer mandatory)


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


VIII. World Health Organization ACTION PLAN 2024

 <p>PI1 Strategic Planning Gender-Related SDG Results</p> <p>MEETS</p>	Action Plan	Collaborate with technical teams to finalize GPW14 gender-transformative objectives and indicators. Strengthen the collection and reporting of sex-disaggregated data across all health indicators. Expand stakeholder engagement to enhance programmatic gender equality outcomes.
	Responsible For follow up	Monitoring, Forecasting, and Inequalities Unit (MFI) will lead, in collaboration with program technical officers, including from the GRED Department.
	Resources Required	200000
	Use of Funds	Funds will be allocated for: Capacity-building workshops. Data collection tools for sex-disaggregated analysis. Stakeholder consultations
	Timeline	12 Months


 <p>PI2 Reporting on Gender-Related SDG Results</p> <p>MEETS</p>	Action Plan	<ul style="list-style-type: none"> • Enhance guidance for technical teams to incorporate sex-disaggregated data into all strategic reporting frameworks. • WHO has developed comprehensive guidance on measuring gender-related SDG results, embedded in the Proposed Programme Budget 2024-2025 and the Gender, Equity, and Rights Portal. However, current guidance documents could be further improved by: <ul style="list-style-type: none"> • Inclusion of Intersectional Case Studies: Providing detailed examples where intersectionality has influenced positive health outcomes. • Enhanced Training Modules: Expanding technical resources for Member States to operationalize intersectional approaches. • Strengthened Monitoring Tools: Developing specific metrics to evaluate the impact of intersectional strategies. To address these gaps, the guidance will be updated in alignment with GPW14 strategic priorities, emphasizing systemic barriers and equity-focused health solutions. Updates are expected to be rolled out by Q2 2025 to ensure alignment with evolving UN-SWAP standards. • Conduct regular capacity-building workshops on gender-sensitive reporting for program managers. • Expand the Global Health Observatory to include more 50-100 indicators with sex and intersectional disaggregation.
	Responsible For follow up	The Monitoring, Forecasting, and Inequalities Unit (MFI) will collaborate with technical program officers to track implementation progress and ensure compliance with UN-SWAP standards.
	Resources Required	200000


	Use of Funds	Capacity Building: Training programs for Member States and WHO teams. Technology Upgrades: Enhancements to the GHO for real-time data integration
	Timeline	12 months

 <p>PI3</p> <p>Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan</p> <p>MEETS</p>	Action Plan	1. Strengthen gender analysis in all programmatic initiatives.2. Expand the use of sex-disaggregated data for programmatic decision making and accountability.3. Enhance capacity-building efforts to improve gender-responsive programme implementation.
	Responsible For follow up	WHO's Monitoring, Forecasting, and Inequalities (MFI) unit will oversee implementation and progress tracking. The GRE department will collaborate with DDI to enhance use of sex disaggregated data and will continue its capacity building efforts to improve gender responsive programme implementation, including through the piloting and launch of the four modules of the Gender Mainstreaming Toolkit, continued capacity strengthening for implementation of the SAGER Guidelines and completion of the Guideline on the Health of Trans and Gender Diverse People.
	Resources Required	500000
	Use of Funds	The required resources cover training, tools, and monitoring enhancements related to technical assistance for data disaggregation frameworks (including stakeholder workshops for collaborative implementation), as well as to support technical assistance to develop, pilot, implement and launch the gender mainstreaming toolkit (including SAGER) and the Guideline on the Health of Trans and Gender Diverse adults.
	Timeline	12 months


 <p>PI4</p> <p>Evaluation</p> <p>EXCEEDS</p>	Action Plan	<ul style="list-style-type: none"> Continue GEEW and HR awareness raising and capacity building, especially in decentralized settings and follow-up of the Decentralized Evaluation Framework to guide evaluations by programme managers in Regional/ Country Offices and technical programmes to incorporate GEEW. Include evaluation questions or sub-questions concerning GEEW in the evaluation matrix to ensure that the evaluation reports address it. Continue focusing and enhancing mainstreaming GEEW and HR approaches into various relevant stages of evaluations the Organization implements, particularly ensuring inclusion in the design phase in evaluation frameworks and guidance, including for decentralized evaluations, to increase inclusion of GEEW and HR through greater attention to UNEG guidance in all phases of evaluation, continuous interactions with the evaluation managers, and providing webinars, newsletters, and short guidance notes as required. Include examination of unanticipated effects of interventions on human rights and gender equality in evaluation questions or sub-questions. Include evaluation of both positive and negative unintended effects in evaluation questions and sub questions.
	Responsible For follow up	The Evaluation Office of WHO will collaborate with the Gender, Rights, Equity and Diversity Department (GRED) and Regional Offices' evaluation officers to ensure that gender, equity, and human rights are included in the design and content. The Evaluation Office will provide support and quality assurance to corporate and decentralized evaluations. The Evaluation Office will also provide capacity-building opportunities to build a stronger community of


		practice through the GRED network. The Evaluation Office will also analyse factors that have facilitated or hindered the integration of these dimensions.
	Resources Required	0
	Use of Funds	The Evaluation Office will utilize available funds as part of its normal Staff and Activity budget.
	Timeline	2 years


 <p>PI5 Audit</p> <p>MEETS</p>	Action Plan	<ul style="list-style-type: none"> Consult with management across Headquarters and Regional Office levels of the Organization as well as other oversight and accountability functions on identification of gender-specific risks. Continue performing specific gender-related audit tests as part of audits of all budget centres. Engage GRE department in periodic review and update of the audit methodology related to gender equality and the empowerment of women. Include relevant gender equality and the empowerment of women findings identified during 2024 internal audits in the Report of the Internal Auditor to the World Health Assembly, if applicable, and continue to track implementation of all gender-related audit recommendations. Include a targeted audit engagement related to gender equality and the empowerment of women in the audit rolling three-year work plan for 2025-2027.
	Responsible For follow up	IOS Audit unit, with support from the GRE Unit in HQ
	Resources Required	0
	Use of Funds	No additional funds are required as this is part of IOS's work.
	Timeline	12 Months

 <p>PI6 Policy</p> <p>EXCEEDS</p>	Action Plan	<ul style="list-style-type: none"> Resource mobilisation for effective implementation of GRE Road map. Implementation of strategic programme initiatives for gender (see responses to PI. 11)
	Responsible For follow up	The GRE department will lead in implementing the GRE Roadmap and provide the required support to the steering committee.
	Resources Required	4200000
	Use of Funds	The above mentioned resources primarily refer to the salary costs of GRE staff working at three levels i.e. HQ, Region and country. Some of these resources are already in place and the existing investment is foreseen to continue, but resource mobilisation is still needed to address gaps in the plan. Important to note that the year ahead will be a challenging one for WHO (and other UN entities) to secure financing for basic operations and as such, although resource mobilization efforts will continue, it is likely that the action plan will need to be revised, in line with overall changes in the organization.


	Timeline	One Year
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 P17 Leadership MEETS	Action Plan	1 Director General continue to champion gender equality and women’s empowerment.2 WHO will continue to implement its gender parity policy in 2025 and aim for improved parity particularly at senior levels.3 As a new member of the GEAP Task Team, WHO will make contributions to the political strategy on the pushback and implement it in accordance with a harmonized plan for the UN system as a whole.
	Responsible For follow up	The GRE Department will lead the integration of GRE in speeches, and the governing bodies department will lead on the implementation of measures to improve gender parity.
	Resources Required	0
	Use of Funds	Existing GRE staff will continue its GRE work.
	Timeline	One Year


 P18 Gender-responsive performance management EXCEEDS	Action Plan	Maintain collaboration with the ERP/BMS team to ensure the integration of individual performance evaluation features, especially the assessment of progress towards the gender parity goal, in the new ERP template. Proceed with the annual Awards of Excellence process, culminating in a ceremony each December. Sustain performance management for gender and diversity across all levels. Continue applying Competency Framework, which includes mandatory competency of Respecting and Promoting Individual and Cultural Differences, including gender responsiveness, such as understanding and respecting cultural and gender issues in daily work and decision-making, for recruitment, development, and annual performance evaluation.
	Responsible For follow up	All supervisors, hiring offices of WHO.
	Resources Required	0
	Use of Funds	The Human Resource and Talent Management Department has implemented concrete measures using its internal funds for a gender-responsive performance management system, achieving a rating of exceeding requirements. The department will continue to use its internal funds to maintain this exceed status.
	Timeline	One Year


 P19 Financial Resource Tracking	Action Plan	<ul style="list-style-type: none"> Conduct a comprehensive review of the gender marker implementation. Integrate the gender markers guidance into various processes, including regular budget review. Develop and implement a dashboard to facilitate the monitoring of the markers in work plans. 2025 - Quality Assurance Development: <ul style="list-style-type: none"> Develop and implement the quality assurance process, informed by the review, spot checks and guidance note issued by the UN CEB, titled "Quality assurance of gender equality markers - improving accuracy & consistency." Ensure that the codes applied at
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MEETS		<p>the closure of the biennium 2024-2025 correspond accurately to the definitions of the scores. Training and Monitoring: • Organize clinics targeting administration and technical staff to ensure the correct application of the marker. • Increase efforts to ensure the correct application of the marker through continuous monitoring and support. Data Analysis and Reporting: • Analyze the data to ensure that it accurately reflects the investments in gender equality and women's empowerment. • Prepare quality-assured financial information for the governing bodies, to be available after the financial closure of the biennium 2024-2025, in May 2026. 2026 Financial Reporting: Report WHO's financial contributions using the gender equality marker after the financial closure of the 2024-2025 biennium.</p>
	Responsible For follow up	<p>The follow-up actions are split responsibilities between the functions for Budget and Planning (Department of Planning Resource Coordination and Performance Monitoring in Headquarters and the teams and units in the regional offices, PRP/PRG), Department of Finance (FNM), Budget centre managers, and the Department of Gender, Equity, Diversity and Rights for Health. 2 • Conduct a review of the gender marker implementation. (GRE) • Integrate the gender markers guidance into various processes, including regular budget review. (PRP/PRG) • Develop and implement a dashboard to facilitate the monitoring of the markers in work plans. (PRP) 2025 - Quality Assurance Development: • Develop and implement the quality assurance process, informed by the review, spot checks and guidance note issued by the UN CEB, titled "Quality assurance of gender equality markers - improving accuracy & consistency. (PRP/GRE) • Ensure that the codes applied at the closure of the biennium 2024-2025 correspond accurately to the definitions of the scores. (Budget Centre Managers) Training and Monitoring: • Organize clinics targeting administration and technical staff to ensure the correct application of the marker. (PRP/GRE) • Increase efforts to ensure the correct application of the marker through continuous monitoring and support. (PRP/PRG) Data Analysis and Reporting: • Analyze the data to ensure that it accurately reflects the investments in gender equality and women's empowerment. (PRP/GRE) • Prepare quality-assured financial information for the governing bodies, to be available after the financial closure of the biennium 2024-2025, in May 2026. (FNM) 2026 Financial Reporting: Report WHO's financial contributions using the gender equality marker after the financial closure of the 2024-2025 biennium. PRP/FNM</p>
	Resources Required	0
	Use of Funds	<p>Modification of the ERP system has been made and the cost has been embedded in general system maintenance costs. The cost for developing the function to use classifications such as the GEM was embedded in the development of the forthcoming System for Programme Management (SPM). Internal resources have been used to cover the cost of the development and implementation of the marker.</p>
	Timeline	<p>Stocktaking and Integration 2025 1 year - Quality Assurance Development 9 months - Training and Monitoring 1 year - Data Analysis and Reporting 2026 – 1 year, 6 months - Financial Reporting</p>


	Action Plan	<p>Engage the WHO Steering Committee for advancing gender, equity and human rights - (i) Convene Steering committee to seek advice on GEEW expenditure targets, separate targets for GEM3 and GEM2 and (ii) Present</p>
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<p>P110 Financial Resource Allocation</p> <p>APPROACHING</p>		current investment data for review and establishing a transitional baseline for the expenditures at the mid-term of the biennium, analysing the GEM score expenditure. Analyse Best Practices and review current application of GEM - (i) Review UN best practices and use analysis of GEM score on product/service expenditure and (ii) Summarize findings and propose benchmarks. Develop and Propose Targets - (i) Draft GEEW investment targets based on committee advice and best practices and (ii) Align targets with the 10% goal for investments in human rights and gender equity for 2025 and future increases. Senior Management Review - (i) Present proposed targets to senior management for approval and (ii) Address feedback and secure final approval. Implementation and Monitoring (i) Implement approved targets and monitor progress and (ii) Report regularly on progress and make adjustments as needed. Report to UN data cube - Prepare and report on GEM related data to UN data cube
	Responsible For follow up	Action points 1-5 Department of Planning Resource Coordination and Performance Monitoring, and the Department of Gender, Equity, Diversity and Rights for Health. Action points 6 Report on GEM related expenditure to UN data cube: Department of Finance
	Resources Required	0
	Use of Funds	N/A
	Timeline	1 year - Establishment of benchmark by end of 2025 for the biennium 26-27. 1 year, 6 months – report to UN data cube of biennium 2024-25 GEM data


 <p>P111 Gender Architecture</p> <p>MEETS</p>	Action Plan	Resource mobilisation for GRE Department
	Responsible For follow up	The GRED Department
	Resources Required	0
	Use of Funds	In 2024, the GRE department engaged an independent consultant who facilitated a series of prioritization exercises for strategic gender, rights, and equity related programmatic initiatives with the aim of increasing coherence and supporting resource mobilisation across the three levels of the organization for advancing gender equality and other related results. This initiative is part of WHO's dual approach of mainstreaming and targeted catalytic programming, which can be replicated or adapted at global, regional and/or country levels. In the interim period, the GRE department continues to receive core funds for its mainstreaming work across all areas of WHO.
	Timeline	One Year


 <p>P112</p>	Action Plan	Continue implementing Gender Parity Implementation Plan, published by HRT on 6 March 2023. Launch the ADG Compact and track the organization's progress towards gender parity. Meet annual gender targets at D1/D2 grades by intensifying efforts to replenish the WR talent pool, enhancing outreach initiatives, and utilizing other strategies.


<p>Equal representation of women</p> <p>APPROACHING</p>	Responsible For follow up	Follow-up responsibilities are aligned with the 2023-24 Gender Parity Implementation Plan, outlining roles and accountabilities for the entire workforce, hiring managers, HR, gender focal points, senior leaders, and the Human Resource and Talent Management Department. The data indicates improved gender parity and steady progress towards parity targets set for 2026, though at a modest pace.
	Resources Required	0
	Use of Funds	Human Resource and Talent Management Department would utilise its existing resources
	Timeline	Recurrent

 <p>PI13</p> <p>Organizational culture</p> <p>MEETS</p>	Action Plan	Continue implementing Gender Parity Implementation Plan, published by HRT on 6 March 2023. Launch the ADG Compact and track the organization's progress towards gender parity. Meet annual gender targets at D1/D2 grades by intensifying efforts to replenish the WR talent pool, enhancing outreach initiatives, and utilizing other strategies.
	Responsible For follow up	Follow-up responsibilities are aligned with the 2023-24 Gender Parity Implementation Plan, outlining roles and accountabilities for the entire workforce, hiring managers, HR, gender focal points, senior leaders, and the Human Resource and Talent Management Department. The data indicates improved gender parity and steady progress towards parity targets set for 2026, though at a modest pace.
	Resources Required	0
	Use of Funds	Part of budget of HRT
	Timeline	Recurrent until parity is achieved

 <p>PI14</p> <p>Capacity Assessment</p> <p>EXCEEDS</p>	Action Plan	<ul style="list-style-type: none"> The development of community of practice and/or working groups for collaboration, exchange and sharing on gender technical and programmatic initiatives across the Organization. Discussions are ongoing with the WHO Academy regarding existing resources and opportunities to enhance the availability of relevant courses, as well as integration of gender related components and mandates into all courses. Implementation of the capacity development plan will depend upon these discussions and available resources. Modalities for the development of GRE community of practice and/or working groups are currently being investigated and will build upon existing initiatives
	Responsible For follow up	Gender Rights and Equity Department
	Resources Required	0
	Use of Funds	Existing GRE team would work on it
	Timeline	One Year


 <p>PI15 Capacity Development</p> <p>APPROACHING</p>	Action Plan	<ul style="list-style-type: none"> The capacity development plan will be updated during 2025 in collaboration with the WHO Academy.
	Responsible For follow up	Gender Rights Equity and Diversity Department
	Resources Required	0
	Use of Funds	The existing GRE Department Staff will continue its work on GRE.
	Timeline	12 months

 <p>PI16 Knowledge and Communication</p> <p>EXCEEDS</p>	Action Plan	<ul style="list-style-type: none"> Continue working with the technical teams as well as the communications colleagues in the regional and country offices that the Department of Communications (DCO) supports, to include gender considerations in their individual communications plans for the various campaigns, events and launches that will take place in 2025. Integrate discussions on gender considerations and gender responsive language during 3 communications meetings in 2025 (communications town hall, regional and country office communications focal points meetings, meeting on the SAGER guidelines for communications officers at the 3 levels of the Organization). Adapt the Gender-Responsive Communications Recommendations for inclusion in DCO TORs with to all external communications suppliers, to ensure consistency across all WHO visuals. The Quality Assurance of Norms and Standards Department responsible for reviewing, editing, publishing and disseminating materials across the three levels of the Organization are also working on including this topic in their trainings in collaboration with DCO. Continue to include gender equality and human rights considerations in DCO monitoring and evaluation activities, capture lessons learned and build on best practices.
	Responsible For follow up	<ul style="list-style-type: none"> The Department of Communications, The Gender, Rights and Equity team, and gender focal points throughout WHO. The Department of Communications will continue to communicate on gender issues both internally and externally and will continue to support the use of gender-sensitive language and gender considerations in its work with technical departments.
	Resources Required	100000
	Use of Funds	The required amount would be met by the internal budget of DCO
	Timeline	18 months


 <p>PI17 Coherence</p>	Action Plan	Continue to participate regularly in inter agency mechanisms for advancing gender equality to contribute to the sharing of approaches and good practices. Seek opportunities through IANWGE or gender focal points networks, among others to share best practices for improving UN SWAP scores, building upon WHO's success over recent years.
		<ul style="list-style-type: none"> Continue collaborating with UN entities, such as UN Women and possibly others, within


<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">EXCEEDS</div>		the framework of the Beijing plus 30 review to enhance engagement between ministries of health and ministries of gender equality. • Continue to give greater visibility to health on the gender equality agenda, and vice versa.
	Responsible For follow up	Gender Rights Equity and Diversity Department
	Resources Required	0
	Use of Funds	The existing GRE Staff will continue its GRE work.
	Timeline	One Year

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	1. PI-1 Methods for Impact Measurement
Strategic Plan/Strategic Framework or equivalent	2. PI-1 Proposed Programme Budget 2024-25 - A76-4
Strategic Plan/Strategic Framework or equivalent	3. PI-1 World Health Statistics 2024
Strategic Plan/Strategic Framework or equivalent	5. PI-1 Draft GPW14 - A77-16
Strategic Plan/Strategic Framework or equivalent	PI - 1 & 2 GPW 13 2019.2023
Strategic Plan/Strategic Framework or equivalent	PI-1 Indicators with SEX Dimension 2024
Strategic Plan/Strategic	PI-1 PMNCH Annual Report 2023

Framework or equivalent	
Strategic Plan/Strategic Framework or equivalent	PI-1 WHO Results Framework Delivering-A Measurable Impact in Countries 23.11.2023

 PI2 Reporting on Gender-Related SDG Results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
MEETS	
Category	Documents
Other	PI-1 Proposed Programme Budget 2024-25 - A76-4
Other	PI-2 Draft GPW14 - A77-16
Entity RBM system guidance	PI-2 Results Based Management 2024-24
Entity RBM system guidance	PI-2 WHO Results Framework Delivering-A Measurable Impact in Countries 23.11.2023
Other	PI-2 World Health Statistics 2024
Annual report	Link of Global Health Repository for PI-2 415 indicators are Sex Disaggregated

 PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
MEETS	
Category	Documents
Other	PI-3 Evaluation of GPW13 Dec 2023
Other	PI-3 - Structure of Gender Modules
Other	PI-3 Gender Norms and Sexual Health Services Commentary
Other	PI-3 Session with Member States 2 on Gender Language
Other	PI-3 World Malaria Report 2024
Other	PI-3 Organisational Change in WHO


 PI4 Evaluation


GENDER-RELATED SDG RESULTS / OVERSIGHT

EXCEEDS

Category	Documents
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation of Member States Mechanisms on Substandard - Falsified Medical Products
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation of the Pandemic Influenza Preparedness (PIP)
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation of WHO Global WASH Strategy 2018-2025
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation of WHO's contribution to WASH and Health
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation Report - WHO Contribution in Iraq
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation Report - WHO Special Programme on Primary Health Care
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation Report Decade for Strengthening HR for Health in WHO South East Asian Region May 2024
Other	PI-4 Scorecard GEEW Integration in Evaluations PI-4 UN SWAP 2024 Report
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation Report on WHO Normative Function at the Country Level
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation Report WHO Policy on Disability Sep 2024
Completed UN-SWAP Evaluation Scorecard	PI-4 Evaluation Scorecard December 2024
Other	PI-4 EVL Regional comms call Evaluation Office 3 Dec (1)
Other	PI-4 Guidance Note on Integrating Health Equity, Gender Equality and Disability Inclusion in WHO EVL
Other	PI-4 RAPPORT EVL TUNISIE Final
Other	PI-4 Report Joint Evaluation of SDG3 GAP


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 PI5 Audit GENDER-RELATED SDG RESULTS / OVERSIGHT	
MEETS	
Category	Documents
Tools_ auditing GEWE	PI-5 Annex I Gender Related Tests
Annual audit report	PI-5 Annex II Report of Internal Auditor 2024


 PI6 Policy INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
EXCEEDS	
Category	Documents
Gender Policy/Strategy	1. PI-6 ENGLISH GRE Roadmap
Gender Policy/Strategy	2. PI-6 GRE Road Map Next Steps Matrix Oct 2024
Gender Policy/Strategy	2A. PI-6 TORs HERMES GRE Dec 2024
Gender Policy/Strategy	3. PI-6 ToRs Steering Committee GRE
Gender Policy/Strategy	4. PI-6 GRE Steering Committee Meeting Report July 2024 GRE SC-ALM meeting_ 20240801
Gender Policy/Strategy	5. PI-6 WHO Gender Parity Implementation Plan
Gender Policy/Strategy	6. PI-6 WHO DEI Strategy draft 30 August 2024
Gender Policy/Strategy	7. PI-6 HR Agenda Diversity Equity Inclusion WHO-Workforce
Gender Policy/Strategy	8. PI-6 Diversity Statement
Gender Policy/Strategy	10. PI-6 Situation Analysis on Indegenous People
Gender Policy/Strategy	11. PI-6 WHA resolution 76.16 implementation update Dec 2024


Gender Policy/Strategy	13. PI-6 HR BI Report Catalogue
Gender Policy/Strategy	14. PI-6 HR BI internal User's Guide

 PI7 Leadership INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
MEETS	
Category	Documents
Meeting minutes	1. PI-17 UN.NETWORK.COP. GR 37 281124
Meeting minutes	2. Provisional IANWGE Annual Session Agenda 15 March
Meeting minutes	3. PI-17 Notes IANWGE Inter-sessional meeting 16 December 2024
Meeting minutes	4. PI-17 ITC Review of WHO Performance FINAL 20.01.2021
Meeting minutes	1. PI-7 - DG Report to EB 154 Jan 2024
Meeting minutes	2. Acceptance of Gender Champion Role RD EMRO 2024
Meeting minutes	3. PI-7 - DG Speech at World Health Summit Oct 14, 2024
Meeting minutes	5. PI-7 Sample of DGs Speeches on Gender Equality Dec 2024
Meeting minutes	6 PI-7 EB 156 HRT Update 2024
Meeting minutes	7. PI-7 WHO Gender Parity Implementation Plan
Meeting minutes	8. PI-7 Excellence Award Policy 2022
Meeting minutes	9 PI-7 Awards Criteria English and French
Meeting minutes	10. PI7 GRE Steering Committee Stocktaking Matrix Oct 2024
Meeting minutes	11. PI-7 ToRs Steering Committee GRE
Meeting minutes	12. Organigramme

 PI8 Gender-responsive performance management INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
EXCEEDS	
Category	Documents
Performance management document	10.2 PI-8 Information Note to All Staff Reasonable Accommodation
Performance management document	10.3 PI-8 Invitation Global Webinar Reasonable Accommodation


Performance management document	PI-8 Awards Criteria English and French
Performance management document	PI-8 DG Email Nomination for Excellence Award 2023
Performance management document	PI-8 Excellence Award Policy 2022
Performance management document	PI-8 Global HR Community May 2023 Provisional Agenda 2 May 2023
Performance management document	PI-8 GRE Training Resources
Performance management document	PI-8 Regional Director Award to Individuals and Teams
Performance management document	PI-8 Information Note to All Staff Launch of HRBI Dashboard

 PI9 Financial Resource Tracking INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Gender Marker Guidelines	P9 Guidance for Operational Planning 24-25
Financial resource tracking information	P9 Operational planning Annex I. Meeting WHO's Organizational Requirements for Advancing GRED


 PI10 Financial Resource Allocation INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Financial Benchmark documents	P 10 Links - WHO Results Report and Screen Shot of Dashboard

Financial Tracking/ monitoring data	P10 Audited Financial Statement A77 20-en (1)
Financial Benchmark documents	P10 2023 Expenditures 1.1.3 and 4.2.6
Financial Tracking/ monitoring data	P10 Expense-by SDG

 PI11 Gender Architecture	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Other	1. PI-11 GRE NETWORK Agenda-Recordings Dec 2024
Other	2. PI-11 TORs HERMES GRE Dec 2024
Other	3. PI-11 Health Equity Monitoring Workshop Philippines Agenda Nov 2024 20241027
Other	4. PI-11 Workshop for Health Equity Monitoring in the Western Pacific Region Report in WPRO 14July2024
Other	5. PI-11 WORKSHOP Report Health Equity Monitoring WAPRO Malaysia 2024
Other	7. GRED WHO Induction briefing
Other	8. PI-11 Online Survey Questionnaire GRE Focal Points 2024
Organizational chart	9. PI-11 Organigramme
Other	PI-11 GRE WHA Goodies 2024
Other	PI-11 Support to Gender Identity WHO Flyer

 PI12 Equal representation of women	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Other	22. PI-12 Leadership Statement about Gender Parity
Gender Parity Statistics	PI-12 Launch of Business Intelligence Dashboard
Other	PI-12 Draft Compact
Other	PI-12 HR BI Internal User's Guide

Gender Parity Statistics	PI-12 HR BI Report Catalogue
Other	PI-12 WHO Gender Parity Implementation Plan

 PI13 Organizational culture INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Prevention of discrimination and harassment policy	3. PI-13 Preventing and Addressing Abusive Conduct
Prevention of discrimination and harassment policy	9. PI-13 Information Note Enabling Environment
Other	10. PI-13 Respectful Workplace Programme
Other	11. PI-13 Internal-Justice-System-Reform 2023
Other	12. PI-13 Disability Policy
Exit survey	PI-13 Revised WHO Exit Survey Questions 2023 Y 14
Organizational survey	PI-13 Questionnaire for Establishing a GER Focal Point Network Across WHO Preview Y 9
Other	PI-13 Code of Ethics Y 4
Other	13. PI- 13 Information Note for DEI 28 Feb 2022 Y 2
Other	16. PI-13 Policy Employment Persons With Disabilities
Other	16. PI-13 Stress Management
Flexible Work Arrangement Policy	18. P1-13 Flexible Working Arrangements Y 1
Leave Policy	25. PI-13 Revised parental leave policy
Leave Policy	27. PI-13 Adoption Leave
Leave Policy	Additional Supporting Documents for PI-13

 PI14 Capacity Assessment INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY	
EXCEEDS	

Category	Documents
Capacity assessment survey/questionnaire	1. PI-14 Capacity Assessment Survey
Capacity assessment survey/questionnaire	2. PI-14 Capacity Assessment Survey
Capacity Development Plan	3. PI-14 Capacity Dev Plan GRE
Other	4. PI-14 WHO GENDER Tip Sheet 2022
Capacity Development Plan	5. PI-14 ILearn Catalogue Dec 2024
Other	6. PI-14 GRE NETWORK Meeting Recordings
Other	7. PI-14 GRED WHO Induction briefing
Other	9. Contact List - GRED Focal Points 2024-2028



PI15 Capacity Development

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY
APPROACHING

Category	Documents
Other	1. GRE CAPACITY DEVELOPMENT PLAN 2024-2027
Training module	2. PI-15 Mandatory Gender Overview Modules
Other	3. PI-15 ILearn Catalogue Dec 2024
Other	4. Contact List - GRED Focal Points 2024-2028
Other	5. PI-15 GRE NETWORK Meeting Recordings
Other	6. PI-15 ToRs - Gender, Rights, Equity and Diversity HQ Focal Points
Other	6. PI-15 why gender matters webinar Series
Other	7. PI-15 ToRs GRE FP WCO 2024-2028
Other	8. PI-15 WHO GRE Barriers Assessment TOT Agenda AsCirculated 10Oct2024
Other	9. PI-15 WEBINAR ON RACIAL DISCRIMINATION DEC 2024
Other	10. PI-15 Technical Guidnace Addressing Gender Inequality in National Action Plans
Other	11. PI-15 Artcle on Addressing Harmful Gender Norms in Sexual Health Services 2024
Other	12. PI-15 FAQ GRE SOGIE - FAQ on sexual and gender diversity health and human rights
Other	13. PI-15 WHO GENDER Tip Sheet 2022

Training module	14. PI-15 Video on Unconscious Bias for Pannel Members



PI16 Knowledge and Communication

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

EXCEEDS

Category	Documents
Other	PI-16 DCO Supporting Documents 2024 Submitted UN Women
Communication plan	GPW13 EVALUATION
Communication plan	HIV-Hepatitis-STDs 2024 Report WHO
Communication plan	PI-16 World Malaria Report 2024



PI17 Coherence

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

EXCEEDS

Category	Documents
Other	1. PI-17 UN.NETWORK.COP. GR 37 281124
Other	2. Provisional IANWGE Annual Session Agenda 15 March
Other	3. PI-17 Notes IANWGE Inter-sessional meeting 16 December 2024
Peer Review report	4. PI-17 ITC Review of WHO Performance FINAL 20.01.2021
Other	5. PI-17 Meeting of the Committee on Equality and Non-Discrimination which took place in Paris on 12 Septemb
Peer Review report	PI-17 Implementation Plan PRSEAH Year 2
Peer Review report	PI-17 Monitoring Framework for PRSEAH
Peer Review report	PI-17 Three Year Strategy for PRSEAH by WHO

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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