

World Health Organization

WHO

2025 UN-SWAP 3.0

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

World Health Organization

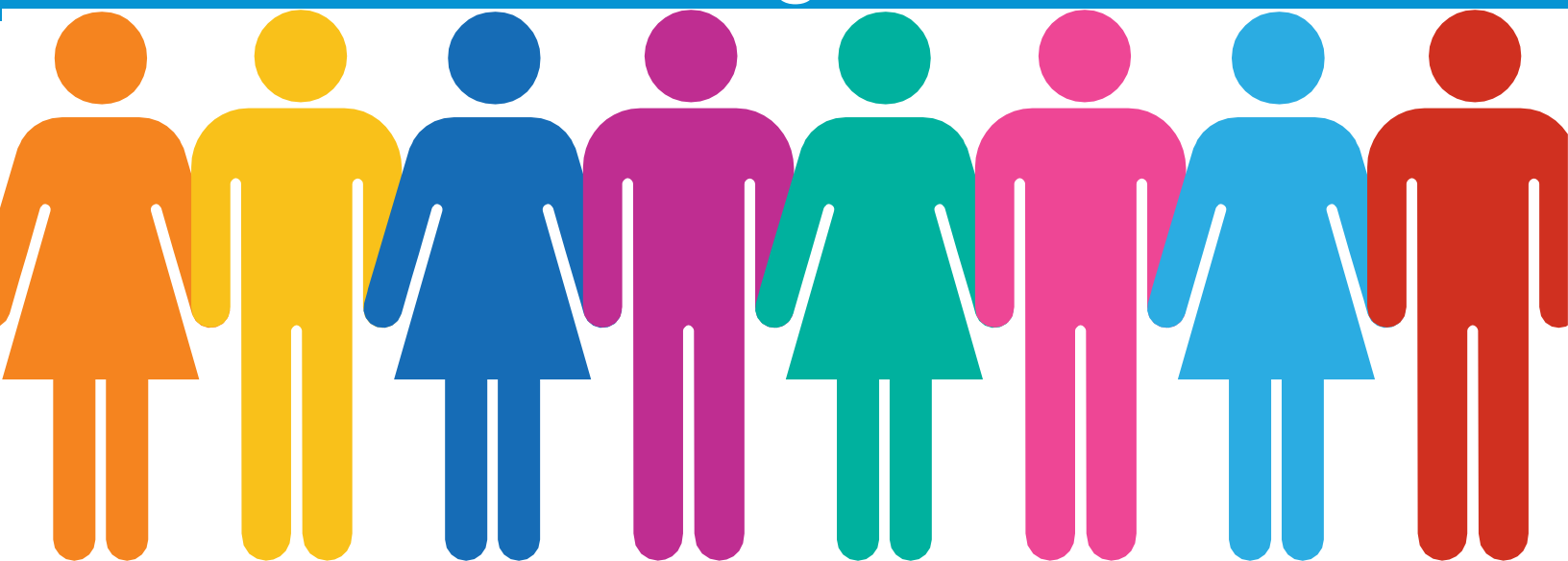


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BACKGROUND

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 3.0 (2018-2022) raised the bar for accountability by strengthening existing indicators and anchoring the framework within the 2030 Agenda for Sustainable Development. UN-SWAP 3.0 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.

I. UN-SWAP 3.0 ACCOUNTABILITY FRAMEWORK REPORT COMPONENTS

Indicator Rating and explanation

As elaborated in its [technical guidance](#), the UN-SWAP 3.0 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 3.0 Knowledge Hub – the first system-wide library of gender mainstreaming documents, available to all UN-SWAP reporting platform users.

II. QUALITY ASSURANCE AND UN-SWAP 3.0 RESULTS REPORTING

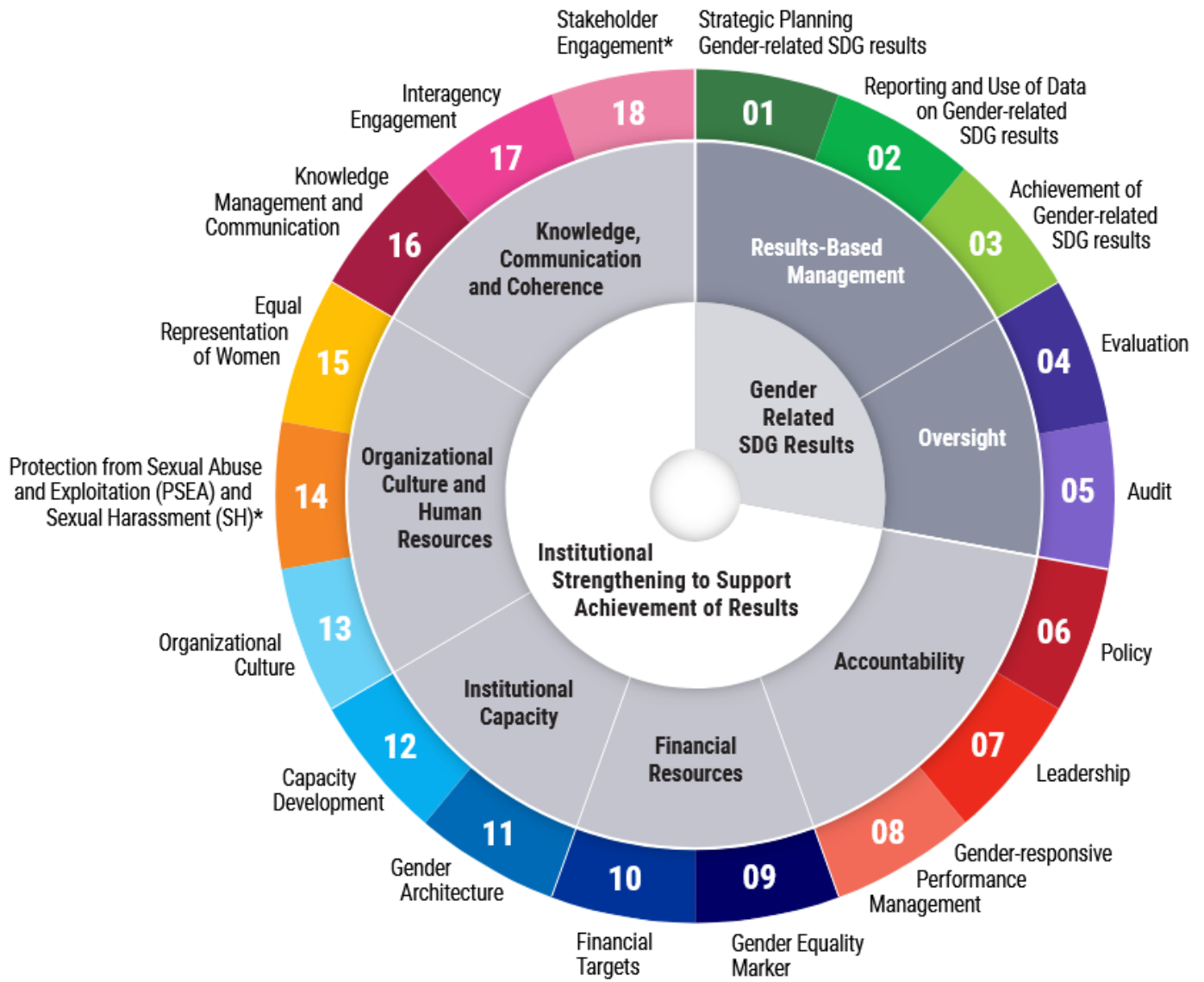
As part of the quality assurance process, UN Women reviews UN-SWAP 3.0 annual reports submitted by UN entities for thoroughness and consistency of ratings. UN Women is responsible for coordinating and facilitating the implementation of the UN-

SWAP 3.0, 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 3.0 results. To enhance transparency, individual entity results are available on the UN-Women website.

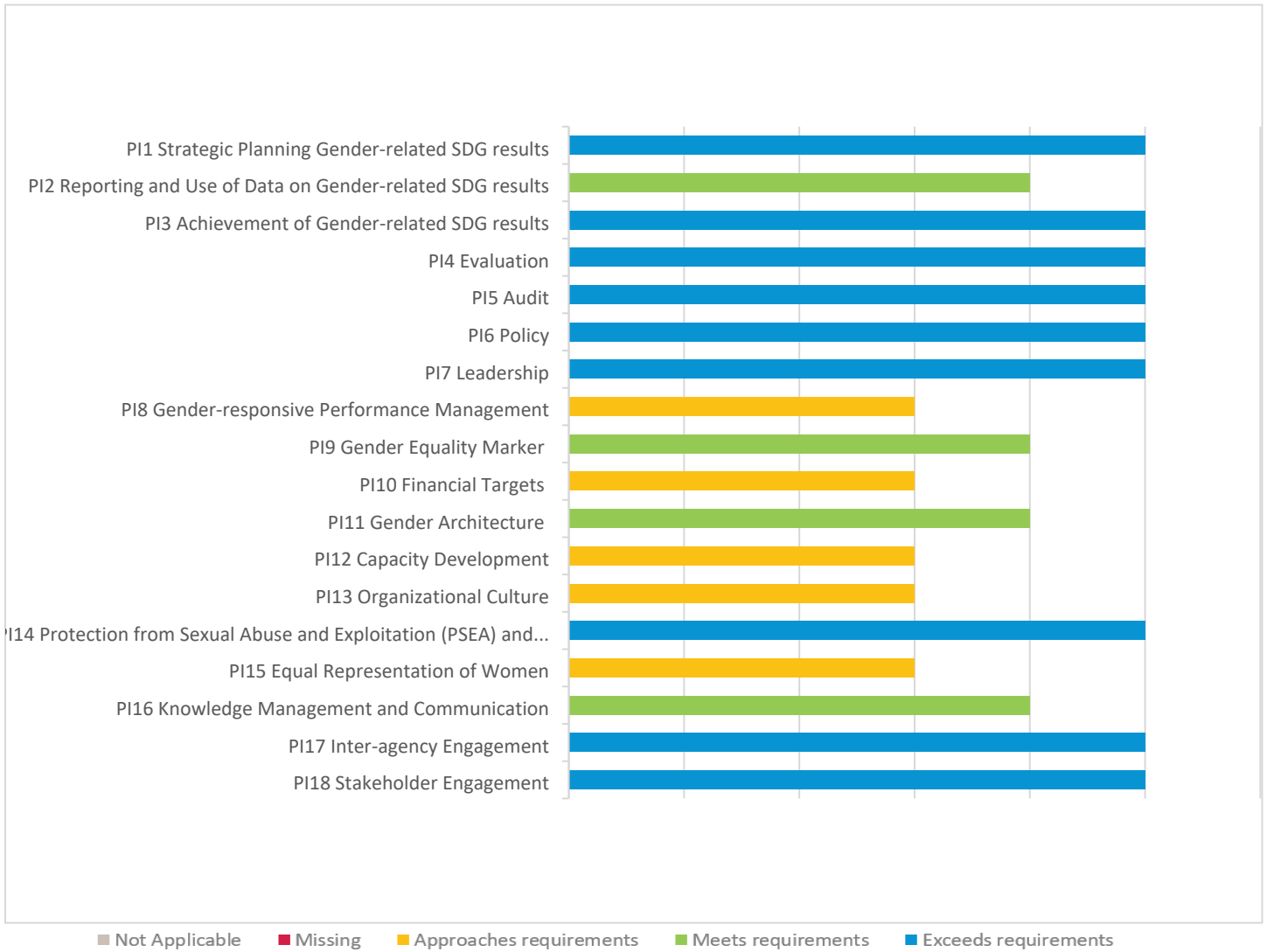
III. WHO REPORTING INTERNAL REVIEW PROCESS

The 18 performance indicators of UN-SWAP 3.0 are assigned to the primary responsible business owners. All relevant business owners received individual orientations on the UN-SWAP 3.0 requirements. An initial submission deadline of 28 November 2025, followed by an extended deadline of 8 December 2025, was provided for the first draft. The first drafts were reviewed, and feedback was shared individually with each business owner. The regional gender, rights and equity focal points were consulted for GEAP-specific questions. Within the Gender Rights, Equity and Sexual Misconduct Department (GEM) in HQ, a shared drive folder was created, and a consolidated checklist was circulated across the department for inputs according to each team member's area of specialisation. An overarching UN-SWAP folder, containing subfolders for each performance indicator, was established for use by all business owners. All business owners were able to work simultaneously on the narrative and upload supporting evidence to the shared drive. GEM's weekly meetings included discussions on the status of data collection and any challenges encountered. The second round of review was conducted by the department's technical staff, who reviewed the compiled draft text and provided their inputs. The final round of review was carried out by the Director of each business unit involved to ensure overall quality assurance.

IV. THE UN-SWAP 3.0 PERFORMANCE INDICATOR FRAMEWORK



V. WHO 2025 UN-SWAP 3.0 REPORTING RESULTS SNAPSHOT



VI. WHO 2025 UN-SWAP 3.0 RESULTS BY PERFORMANCE INDICATOR

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



Performance Indicator:

PI1 Strategic Planning Gender-related SDG results

EXCEEDS

1ci. An intersectional gender analysis, incorporating sex-disaggregated data, is carried out throughout its strategic planning process

GPW14 uses a mix of WHO and wider UN data sources to apply an intersectional gender lens and analyse health determinants and outcomes. Key sources include the UN SDG Global Database, especially indicators on social protection, child malnutrition, environmental risks, WASH, clean household fuels, access for migrants and refugees, urban slums, air quality, violence against children, violence against women, and reproductive rights. These indicators help GPW14 assess gender inequalities and vulnerabilities across different population groups. GPW14 also draws on WHO's Global Health Estimates and technical databases to analyse mortality and morbidity patterns linked to social determinants of health and to measure Healthy Life Expectancy (HALE), highlighting gender-related differences in health outcomes. To understand intersecting inequalities, GPW14 uses the WHO Health Inequality Data Repository, which provides data disaggregated by sex, age, disability, and other social factors. GPW14 references WHO global monitoring reports, such as the Universal Health Coverage Global Monitoring Report (2023) for financial hardship and service coverage gaps, and the NCD Risk Factor Collaboration (NCD-RisC) for risk factors related to diet, physical inactivity and noncommunicable diseases. Overall, these data sources allow GPW14 to integrate intersectional gender and equity considerations in its analysis and priority-setting.

The current strategic planning document, "A Global Health Strategy for 2025–2028 – Fourteenth General Programme of Work (GPW 14)", explicitly anchors WHO's work in health equity, gender equality, the right to health and the principle of leaving no one behind. The overarching goal recognizes gender inequality as a cross-cutting determinant of health and commits to addressing barriers to gender equality and equity in access to services and health outcomes.

GPW 14 was developed through extensive consultations with Member States, UN entities, civil society, organizations (including representatives of persons with disabilities, youth and older people's organizations and other stakeholders), which explicitly aimed to reflect diverse population groups and inequities in the common agenda and joint outcomes. These consultations, together with WHO's longstanding commitment to health equity and gender equality, provided the basis for applying an intersectional lens across the strategy, including attention to age, disability, geography, socioeconomic status and other determinants in addition to sex and gender.

1cii. At least one high-level transformative result on gender equality and the empowerment of women that is directly linked to SDG achievement is included in its main strategic planning document or equivalent

In GPW14, Objective 2 addresses how social, economic, environmental and structural determinants including gender, age, disability, migration status and poverty shape inequities, aligning strongly with SDG 1 (poverty), SDG 5 (gender equality) and SDG 10 (reduced inequalities). Objective 4 explicitly commits to reducing gender inequalities in health service coverage and financial protection, contributing to SDG 3 (health and well-being) and SDG 5 (gender equality). At the outcome level, Outcome 4.2 directly incorporates sexual and reproductive health, maternal and newborn health, adolescent health and gender-based violence which are core areas of SDG 3.1, 3.7 and SDG 5.2, 5.6. The GPW14 also states that WHO will leverage its cross-cutting capacities in gender equality, human rights and health equity as part of Corporate Outcome 2 on normative and technical products and will systematically integrate gender equality and equity considerations into its guidance and public health goods. GPW 14 also signals sustained investment in WHO's transformation, including strengthening core capacities in science, data, digital transformation and equity, which underpin the gender-related results. The Annex includes multiple indicators that are disaggregated by sex and/or explicitly focus on women and girls, such as SDG indicator 3.7.2 (adolescent birth rate by age group and sex), SDG indicator 5.6.2 (laws guaranteeing equal access to sexual and reproductive health care for women and men) and SDG indicator 5.3.2 (female genital mutilation among girls and women 15–49).

1ciii. Adequate resources, both human and financial, for implementation of the gender-related high-level results(s) are allocated/described in the main strategic planning document, and/ or the entity's budget document

The Investment Case 2025–2028 focuses on bridging the gender health gap and prioritizing women's health across WHO's work. It highlights the magnitude of the gender health gap and commits WHO to: applying a gender lens across the

Secretariat's work; supporting countries to improve sex-disaggregated data and gender analysis; intensifying support to 42 high-burden countries to reduce maternal and newborn mortality in partnership with UNFPA and UNICEF; scaling up gender-responsive family planning interventions; and implementing the Global Strategy for Cervical Cancer Elimination. It also describes a set of programmatic and institutional investments that support the achievement of the high-level gender result "Gender equality advanced in and through health". The Investment Case outlines specific, multi-year commitments to women's health and gender equality, including: intensified technical support to 42 high-burden countries to reduce maternal and newborn mortality; support to countries to implement gender-responsive family planning interventions under the Family Planning Accelerator Plus Project; and scale-up of the Global Strategy for Cervical Cancer Elimination, including HPV vaccination, screening and treatment. The Investment Case 2025–2028 further demonstrates the application of a gender lens to strategic choices. Box 5, "Women's health: bridging the gender health gap and overcoming entrenched inadequate care", quantifies the gender health gap (75 million years of life lost per year), highlights persistent inequities in maternal mortality, violence against women and breast cancer, and commits WHO to supporting countries to improve sex-disaggregated data, conduct gender analysis, and address conditions that disproportionately affect women. These combined programmatic investments, institutional capacities and internal budget evidence substantiate that adequate human and financial resources are being allocated to implement the high-level gender result during the GPW14 period.

1civ. Indicators in the strategic planning document and/or related results framework integrate a gender perspective

GPW14 introduces a new indicator "Percentage of countries advancing gender equality in and through health by actions addressing GPW outcomes (index) ('gender equality advanced in and through health'), which reinforces SDG-aligned measurement of gender related gaps and intersecting disadvantages. The Outcome indicator on "Percentage of countries advancing gender equality in and through health by actions addressing GPW outcomes" comes under Outcome 3 of GPW14. (Please refer to the metadata document of this indicator.). It is a composite indicator is a cross-cutting measure drawing on indicators from nutrition, NCDs, infectious diseases, SRHR, GBV, environmental health, social determinants, primary health care, health workforce, and immunisation, illustrating that gender equality is embedded across all technical areas of GPW14, not only those traditionally associated with gender or women's health.

The composite indicator under GPW14 Outcome covers broad areas of work that fall under Outcome 3, but goes beyond, including the following component indicators that are under GPW 14 Outcomes 2 and 4 (being provided here as requested):

GPW14 Outcome 2.1: Health inequities reduced by acting on social, economic, environmental and other determinants of health

Indicator: % population reporting perceived barriers to care (geographical, sociocultural, financial) - This indicator speaks to structural inequities affecting women's ability to access services and exercise rights.

GPW14 Outcome 4.2: Immunisation services are strengthened and sustained to reach all people, especially unvaccinated and under-vaccinated persons.

Indicator: Proportion of the female population under fifteen years covered by the HPV vaccine - This indicator highlights gendered patterns in access to preventive services.

These highlight the WHO's organisation-wide commitment to advancing gender equality in and through health across the key pillars of work with Member States to promote, provide and protect health.

Please extract the exact results statement directly from main strategic planning document and include the statement, document name and the page number here

Actual high-level gender result (verbatim from GPW14):

"Addressing barriers to achieving gender equality, equity and the right to health for all."

(GPW14, page 20)

Within the Investment Case, several programmatic priority areas are clearly framed as gender-related high-level commitments, including:

"WHO will intensify support to 42 high-burden countries to reduce maternal and newborn mortality..."

“WHO will support countries to scale up gender-responsive family planning services...”

“WHO will support countries to implement the Global Strategy for Cervical Cancer Elimination...”

(Investment Case, p. 24)

These are explicitly gender-related health results and can be classified as high-level gender results linked to SDG 3 and SDG 5.

Please indicate the timeframe of your entity’s current Strategic Planning document or equivalent

The current strategic planning document, A Global Health Strategy for 2025–2028 – Fourteenth General Programme of Work (GPW 14), covers the four-year period from 1 January 2025 to 31 December 2028. It sets the overarching goal, strategic objectives, joint outcomes, corporate outcomes and associated indicators for WHO and its partners for this period, as endorsed by Member States at the Seventy-seventh World Health Assembly (WHA 77).

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

- Goal 3/Target 3.1/Indicator 3.1.1 Maternal mortality ratio
- Goal 3/Target 3.3/Indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- Goal 3/Target 3.7/Indicator 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
- Goal 3/Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Goal 5/Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Goal 5/Target 5.6/Indicator 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

UN functions to which the high-level result contributes (select all that apply)

- Financing for development
- Convening/Partnerships/Knowledge Sharing
- Capacity Development/Technical Assistance
- Data Collection and Analysis
- Policy Advice and Thought Leadership

If you select "Other", please provide explanation if any

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



Performance Indicator:

PI2 Reporting and Use of Data on Gender-related SDG results

MEETS

2bi. Guidance on measuring and reporting gender-related SDG results including but not limited to utilizing an intersectional approach and sex-disaggregated data developed and provided by the Entity Strategic Planning Unit or equivalent

WHO has established structured and standardised guidance for measuring and reporting SDG-related results, including sex-disaggregated and equity-sensitive indicators, through its core monitoring and reporting systems. The World Health Statistics 2025 report provides authoritative methodological guidance for SDG monitoring, explicitly applying sex disaggregation and other equity stratifiers across health indicators. It includes SDG indicator metadata, measurement methods, and sex-disaggregated reporting where applicable and available and reports across maternal health, adolescent birth rate, sexual and reproductive health laws, violence against women, and other gender-relevant indicators. These standards guide both WHO technical departments and Member States in SDG reporting. WHO’s structured results-based monitoring guidance is reflected in the official Results Reporting Framework, including the WHA-submitted Results Report 2024 (A78/17), which specifies that

output and outcome indicators must follow WHO indicator metadata standards, several of which require sex disaggregation or relate directly to gender-equality SDG targets (e.g., SRHR, maternal health, adolescent birth rate). This is further supported by the GPW14 Indicator Annex & outcome indicator dataset (Excel), which includes sex-disaggregated entries, women's health indicators (e.g., maternal mortality), and gender related SDG indicators. Internal operational guidance on indicator reporting and RBM processes is issued through PRP-led templates and reporting instructions (e.g., performance assessment templates), which establish consistent technical requirements for measurement and disaggregation. These documents have been shared internally and support WHO entities in consistently reporting SDG-linked and gender-relevant indicators. WHO's RBM system(s), which involve both the Planning, Resource Coordination and Performance Monitoring Department (PRP) and the Department of Data, Digital Health, Analytics and Artificial Intelligence (DDA) provide guidance for SDG-linked measurement and reporting through the GPW14 Results Framework (which includes both Member States and the Secretariat) In fact, there is a dedicated output and associated indicator on this embedded in the corporate outputs of GPW14:

GPW 14 Output: 7.2.3. WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards indicators and targets of the Sustainable Development Goals, including inequality monitoring

And the related indicator is: Number of countries in which national health information systems have been strengthened using WHO-provided analytical platforms, leading to improved availability and disaggregation of GPW 14 outcome indicators and better use of indicators included in the Global Health Estimates, World Health Statistics and the Health Inequality Data Repository for decision-making

Publicly available outcome and output indicator lists and metadata specify definitions, methods, sources, baselines/targets and disaggregation requirements, with operational validation guidance/instructions for country and regional teams.

Reporting is consolidated in the biennial Programme Budget results cycle and presented to Governing Bodies.

WHO systematically uses sex-disaggregated data in strategic plan monitoring (e.g., World Health Statistics and GHO). To support an intersectional approach, WHO maintains the Health Inequality Data Repository and HEAT/HEAT-Plus toolset to analyse disaggregated data across multiple inequality dimensions (sex, age, disability, wealth, residence, etc.)

Collectively, these resources ensure standardised, transparent, and intersectionality-informed measurement and reporting of gender-related SDG results across the Organisation.

Supplementary resources that illustrate the above, in addition to what has already been shared:

GPW14 OUTPUT INDICATORS METADATA PACKAGE

Health Inequality Data Repository: Data

Health Equity Assessment Toolkit: metadata-sdg.pdf

2bii. High-level transformative result(s) on gender equality and the empowerment of women that are directly linked to SDG achievement reported to its Governing Bodies or equivalent by systematically utilizing sex-disaggregated data in its strategic plan monitoring and reporting

WHO systematically reports high-level gender-related results to its Governing Bodies (WHA, EB, PBAC) through annual and biennial performance assessments. These reports include progress on SDG indicators directly linked to gender equality (SDG 3 and SDG 5) and use sex-disaggregated data where available. The Results Report 2024 (A78/17), submitted to the Seventy-eighth World Health Assembly, provides consolidated reporting on progress toward the GPW13 goals using SDG-linked, sex-disaggregated indicators. It also reports results on maternal mortality, adolescent birth rate, SRHR service coverage, newborn outcomes, and other gender-relevant SDG targets, using sex-disaggregated or women's health indicators e.g., maternal deaths, contraception coverage among women of reproductive age, mother-to-child transmission metrics through the GPW framework.

WHO's programme budget oversight mechanisms such as PBAC performance reporting (PBAC42/2) reinforce that SDG-linked indicators are systematically used to guide monitoring, assessment, and resource allocation decisions. These oversight documents confirm WHO's commitment to sex-disaggregated and equity-focused reporting as part of its accountability frameworks to Governing Bodies.

The GPW14 strategic plan embeds gender equality within the overarching goal of "addressing barriers to achieving gender equality, equity and the right to health," and several high-level results linked to SDG 3 and SDG 5 are therefore reported through WHO's performance mechanisms. The reporting of these gender-related indicators including maternal mortality

(SDG 3.1), adolescent birth rate (SDG 3.7.2), laws guaranteeing equal access to SRHR (SDG 5.6.2), and FGM (SDG 5.3.2) constitutes systematic reporting of gender-related SDG results to WHO's Governing Bodies.

To what extent does the entity communicate UN-SWAP results (select all that apply)

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

Please provide any further details and/or include hyperlinks if available

WHO communicates UN-SWAP results through multiple channels such as in the form of PBAC report to governing bodies, MOPAN reporting, and a dedicated WHO's website etc.

Reporting on WHA 60.25 'Integrating gender analysis and actions into the work of WHO is reported on a biannual basis to the World Health Assembly' (with next reporting due in 2026)

Elements of gender-related SDG progress are reported publicly to the World Health Assembly (e.g., Results Report 2024, A78/17) and to Executive Board and PBAC sessions (e.g., PBAC oversight report, PBAC42/2).

Key SDG and gender-related data are disseminated externally through the World Health Statistics report and the WHO Global Health Observatory. Internal communication occurs via corporate reporting instructions, RBM guidance, and performance monitoring cycles coordinated by PRP and technical departments.

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



Performance Indicator:

PI3 Achievement of Gender-related SDG results

EXCEEDS

3ci. Entity has achieved or is on track to achieve its planned transformative results on gender equality and the empowerment of women which will contribute to SDG achievements

WHO is on track to achieve several planned gender-related SDG results as demonstrated through official reporting to the World Health Assembly and global health monitoring outputs. Progress on gender-relevant SDG indicators (SDG 3 & SDG 5): The Results Report 2024 (A78/17) submitted to WHA includes multiple SDG 3 and SDG 5 indicators directly linked to gender equality. These include:

Maternal mortality (SDG 3.1)

Adolescent birth rate (SDG 3.7.2)

Sexual and reproductive health service coverage (SDG 5.6.2)

Cervical cancer screening and HPV vaccination

Service access for survivors of violence

These indicators are presented with sex-disaggregated data or women's health metrics, demonstrating measurable progress and showing that WHO is on track to deliver planned women's health and gender-related outcomes - Source: A78/17 – WHO Results Report to WHA.

Global monitoring confirms continued progress: The World Health Statistics 2025 report includes updated women's health global SDG trends covering:

Maternal mortality

Adolescent fertility

Contraceptive prevalence

Violence against women service access (where data exist)

These trends confirm ongoing global progress on several gender-related indicators and demonstrate WHO's contribution to SDG 3 and SDG 5 - Source: World Health Statistics 2025 (2025 edition)

Planned gender-related results under GPW14 and the Investment Case: The Investment Case 2025–2028 identifies gender equality as a core priority and commits WHO to advancing:

Reductions in maternal and newborn mortality
Scaling up cervical cancer elimination
Strengthening gender-responsive family planning services
Improving the availability of sex-disaggregated health data
Advancing gender equality in and through health

These planned results directly align with SDG 3 and SDG 5 - Source: Investment Case 2025–2028, “Women’s Health: Bridging the Gender Health Gap,” pp. 14–17 (PDF provided)

Together, these documents confirm that WHO is achieving and on track to achieve gender-related SDG results under GPW14.

3cii. Entity contributes to transformative gender-related results through joint initiatives and/ or joint programmes or equivalent

WHO participates in several large-scale, multi-partner initiatives that directly advance gender equality, women’s and girls’ health, and rights-based access to essential services. These initiatives explicitly aim to transform harmful gender norms, systemic barriers, and structural inequalities that shape health outcomes for women and girls across the life course.

Cervical Cancer Elimination Initiative (WHO, UNFPA, UNICEF, Gavi, World Bank and partners)

Scale:

In March 2024, at the first global cervical cancer elimination forum, governments, donors, and multilateral partners announced nearly USD 600 million in new funding to accelerate implementation of the elimination strategy. [who.int]
This includes contributions of USD 180 million (Bill & Melinda Gates Foundation), USD 10 million (UNICEF), and USD 400 million (World Bank).

Why gender-transformative?

Cervical cancer is a disease affecting women almost exclusively, with disproportionate burden on girls and women in low- and middle-income countries.

The initiative addresses structural gender inequalities, including unequal access to HPV vaccines, screening, and treatment, by scaling evidence-based interventions specifically designed to reduce gendered mortality and morbidity.

The shift to one-dose HPV vaccination, endorsed by WHO and partners, removes cost and access barriers that disproportionately affect adolescent girls.

The initiative integrates gender-responsive service delivery, community engagement, and reduction of stigma, transforming social norms around women’s preventive health.

This is a large-scale programme with clear, system-level gender-transformative effects by reducing gendered health burdens, addressing structural inequalities, and expanding access to essential services for women and girls.

Family Planning Accelerator / Family Planning Accelerator Plus (WHO, UNFPA, UNICEF and partners)

Scale:

UNFPA commits approximately USD 1.7 billion (2022–2025) to ending the unmet need for family planning globally, including through joint mechanisms such as FP2030 and UN-pooled funds. [fp2030.org]

The WHO FP Accelerator Plus is implemented across at least 14–23 countries, supporting national-level FP scale-up through technical cooperation and bottleneck analyses. [cdn.who.int]

Why gender-transformative?

The initiative promotes rights-based, gender-responsive family planning, directly advancing SDG 3.7 and SDG 5.6.

It expands women’s and adolescent girls’ autonomy, bodily integrity, and reproductive decision-making power, a core element of gender transformation.

It explicitly addresses gender and social norms, provider bias, and structural access barriers.

WHO’s contribution strengthens the quality of care, adolescent SRHR, task-sharing, and national policy reforms that increase women’s agency.

The FP Accelerator/FP Accelerator Plus jointly addresses systemic gender inequities through rights-based programming, policy transformation, provider training, and scaling of high-impact practices that expand women’s control over their reproductive lives.

Every Newborn Action Plan (ENAP) (WHO + UNICEF + UNFPA + global partners)

Scale:

ENAP is a global multi-agency initiative endorsed by 194 Member States, guiding action to end preventable maternal and newborn deaths. Although global pooled financing is not consolidated in a single figure, the initiative underpins national MNH action plans across more than 90 countries, and is supported by governments, multilateral donors, and global health financing platforms. [unicef.org]

Why gender-transformative?

ENAP addresses maternal health, a domain deeply shaped by gender inequality, discriminatory norms, and structural barriers.

It works to improve the quality of maternity care, respectful care, and equitable access for women and newborns.

It integrates gender analysis into maternal–newborn health bottleneck assessments and national action plans, identifying

systemic gender barriers (e.g., decision-making, financial access, stigma, discrimination).

The plan connects reproductive rights, maternal survival, and newborn outcomes, reflecting a life-course approach to women's health and empowerment.

ENAP is gender-transformative because it targets the structural drivers of maternal and newborn mortality, many of which are rooted in gender inequality, and promotes respectful, rights-based, equitable care for women and newborns.

How does your entity define "transformative gender-related results"?

Gender equality objectives are the primary intended result(s) of the product/service. Reducing gender inequalities, transforming harmful gender norms, and/ or facilitating the empowerment of women, girls and/or gender diverse people in the context of health is the main reason the initiative is being undertaken. Guiding criteria for technical teams (in general): Sex-disaggregated data is used, AND a gender analysis is carried out as part of the situation analysis, AND monitoring and reporting

Gender analysis informs the design of ALL activities and the formulation of expected results •

Social participation platforms and other measures to foster agency and empowerment are incorporated and inform P&S design and implementation.

The expected results principally focus on gender equality outcomes, accompanied by indicators that will track proposed changes.

If your entity is currently involved in large scale programmes or joint programmes (over one million US Dollars) focused on advancing gender equality and the rights and empowerment of women and girls, please provide the names of the three largest programmes, and their overall funding per programme.

WHO is involved in major multi-agency programmes that contribute to gender equality and women's health:

Cervical Cancer Elimination Initiative — WHO, UNFPA, UNICEF and partners coordinate global action on vaccination, screening and treatment - Source: <https://www.who.int/initiatives/cervical-cancer-elimination>

Family Planning Accelerator / FP Accelerator Plus — WHO, UNFPA and UNICEF jointly support expansion of rights-based family planning services across multiple regions - Source: <https://www.who.int/activities/family-planning-accelerator>

Every Newborn Action Plan (ENAP) — A WHO–UNICEF–UNFPA partnership to end preventable maternal and newborn deaths - Source: <https://www.who.int/initiatives/every-newborn-action-plan>

These programmes contribute directly to SDG 3 (health) and SDG 5 (gender equality) by improving access to essential health services for women and girls.

In alignment with the Beijing Platform for Action (BPfA) and its 12 critical areas of concern for women's rights and gender equality. Please indicate which areas of concern your entity is contributing to (select all that apply):

- The Girl-Child
- Human Rights
- Institutional Mechanisms
- Violence
- Health

If you select "Other", please provide explanation if any

In alignment with current UN-relevant megatrends, how does your entity work on gender equality and demographic shift / ageing?

WHO integrates gender considerations into its ageing agenda through global strategies and normative guidance

Decade of Healthy Ageing 2021–2030 - <https://www.who.int/initiatives/decade-of-healthy-ageing>. The initiative states that women constitute the majority of older adults globally and face unique gendered barriers, including higher rates of disability, poverty, violence and caregiving burdens.

WHO Ageing & Health Factsheet - <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>. The factsheet explains how gender affects risk exposure, access to care, chronic disease burden and longevity. WHO addresses these disparities by supporting gender-responsive health and long-term care services, generating sex-disaggregated ageing data (as seen in WHS 2025), and advising Member States on policies that protect older women.

In alignment with current UN-relevant megatrends, how does your entity work on gender equality and climate change?

WHO embeds gender equality into its climate change and health agenda.

WHO Gender, Climate and Health Strategy (2020–2025) - <https://www.who.int/publications/i/item/9789240039087>. This document details how climate change disproportionately affects women and girls and provides WHO's framework for gender-responsive climate-health action.

WHO Climate Change & Health Programme - <https://www.who.int/teams/environment-climate-change-and-health>. This WHO programme highlights gendered vulnerabilities in emergencies, heat exposure, vector-borne diseases and disruptions to SRHR services during climate events. These sources validate WHO's work to integrate gender into climate-resilient health systems, preparedness, response frameworks and evidence generation.

In alignment with the vision of UN 2.0 and the commitment to ensure full digital inclusion and equality for women and girls, following the Secretary-General's report on Road map for digital cooperation, please indicate which of following science/technology/innovation areas your entity's gender-related result contributes to (select all that apply)

- 9. Partnerships, collaboration & digital initiatives
- 8. Digital skills development
- 7. Use foresight to identify trends, opportunities and risks related to GEWE
- 6. Leverage behavioral science to shift social norms and practices
- 4. Address gender bias in AI systems
- 3. Close gender data gaps
- 1. Address structural barriers of digital connectivity

Please provide more details on the above UN 2.0-related selections, if any

WHO promotes digital inclusion and gender equality through its digital health and AI governance frameworks.

WHO Global Strategy on Digital Health (2020–2025) - <https://www.who.int/docs/default-source/documents/g4dh.pdf>. This strategy emphasizes equity, inclusion and the need to ensure digital tools benefit women and underserved populations.

In collaboration with the University of Warwick Digital Health and Rights Project, WHO contributed to the Checklist for Assessing Gender, Equity and Rights Inclusion in Developing Digital Health Strategies (Warwick-DHRP-Checklist-For-Assessing-GER-Digital-A4.v1.pdf)

WHO Guidance on Ethics and Governance of AI for Health (2021) - <https://www.who.int/publications/i/item/9789240029200>. This document highlights risks of algorithmic gender bias and calls for gender-sensitive AI design, safeguards and regulatory frameworks. These frameworks guide WHO and Member States in ensuring digital health systems are equitable, inclusive and protective of women and girls.

Promising Practices: As part of our collective efforts to advance gender equality and the empowerment of all women and girls, including under the 2030 Agenda, UN-SWAP 3.0 invites entities to share their most promising practices that have contributed to gender equality across all sustainable development goals

- Yes

Title of the Promising Practice, Geographical Location, and Population Targets

Title: Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem

Geographical scope: Global (with implementation focus in low- and middle-income countries)

Population targets: Women and girls, particularly adolescent girls (HPV vaccination), women aged 30–49 (screening), and women diagnosed with cervical cancer (treatment)

Source: WHO Cervical Cancer Elimination Initiative <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

Please select all SDGs that apply

- SDG 17 Partnerships
- SDG 10 Reduced Inequalities
- SDG 5 Gender Equality
- SDG 3 Good Health

Please select all result types that apply:

- Joint programme
- Joint initiative

Provide a brief narrative describing the initiative, its relevance in promoting gender equality, and any measurable outcomes or lessons learned

Cervical cancer is a preventable disease that disproportionately affects women in low- and middle-income countries, reflecting deep gender, socioeconomic and health system inequalities. It is one of the leading causes of cancer-related deaths among women globally, despite the availability of effective prevention and treatment tools. Eliminating cervical cancer is therefore both a public health and a gender equality priority under the 2030 Agenda.

Source: WHO Global Strategy for Cervical Cancer Elimination (2020)

<https://www.who.int/publications/i/item/9789240014107>

The initiative aims to eliminate cervical cancer as a public health problem by achieving the 90–70–90 targets by 2030:

- 90% of girls fully vaccinated with HPV by age 15
- 70% of women screened with a high-performance test by ages 35 and 45
- 90% of women identified with cervical disease receiving appropriate treatment

These objectives contribute directly to SDG 3 (targets 3.4 and 3.8) and SDG 5 by addressing a gender-specific health burden.

Source: WHO Cervical Cancer Elimination Strategy <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

The initiative is implemented as a joint, multi-agency effort led by WHO in collaboration with UNICEF, UNFPA, Gavi and other partners. WHO provides normative guidance, targets, monitoring frameworks, and technical support to countries, while partners support implementation, financing, vaccine delivery and service scale-up. The approach integrates prevention, screening and treatment into health systems and universal health coverage.

Source: WHO Cervical Cancer Elimination Strategy <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

The strategy has resulted in:

- Global alignment around elimination targets endorsed by Member States
- Increased HPV vaccine introductions and coverage in multiple countries
- Expansion of screening and treatment services, particularly in high-burden settings
- Integration of cervical cancer elimination into national cancer control and SRHR strategies
- The Progress is monitored through WHO reporting, and SDG-linked indicators presented to governing bodies.

Source: WHO Results Report 2024 (A78/17) World Health Statistics 2025

Key lessons include the importance of political commitment, integrated service delivery, partnership-based implementation, and strong data systems to track coverage and equity. The initiative demonstrates how a gender-transformative, disease-specific strategy can mobilize global action, reduce inequalities, and advance women's right to health.

Supporting Evidence: <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

<https://www.who.int/publications/i/item/9789240014107>, WHO Results Report 2024 (A78/17) and World Health Statistics 2025

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:

PI4 Evaluation

EXCEEDS

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

The WHO Evaluation Office leads the evaluation function in the Organization and strives to mainstream gender equality, human rights, and equity considerations in the evaluations it commissions, manages, conducts and supports. The WHO Evaluation Practice Handbook, published in 2013, offers comprehensive information and practical guidance on preparing and performing evaluations in WHO and on the utilization and follow-up of evaluation results and recommendations. In line with the advice from UNEG, it has specific sections on how gender equality, human rights and equity concerns can and should be integrated into evaluations. WHO's updated 2018 Evaluation Policy further emphasized the integration of human rights and gender equality in all stages of evaluations. The WHO Evaluation Office continues to focus its attention on mainstreaming gender equality and the empowerment of women considerations at the various relevant stages of the evaluations that it carries out. New guidance for decentralized evaluations (Guidance note for the role of Quality Assurance Advisor for decentralized evaluations, 2022)¹ stresses including gender equality and the empowerment of women also in evaluations not

managed by WHO's Evaluation Office. In 2023, WHO's Evaluation Office took a critical step by issuing the guidance note titled "Guidance note on integrating health equity, gender equality, disability inclusion and human rights in WHO evaluations."2

4cii. Applies the 2024 UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation during all phases of the evaluation

11 evaluations were included for the final assessment based on their completion status using the revised scorecard from the UN Evaluation Group to assess mainstreaming of gender equality and the empowerment of women considerations, either managed or conducted by WHO's Evaluation Office.

04 Evaluations were managed by HQ

1. Joint evaluation of the Inter-Agency Standing Committee Global Health Cluster
2. Evaluation of the global coordination mechanism on the prevention and control of noncommunicable Diseases
3. Evaluation of the Global Task Force on Cholera Control
4. Evaluation of global (World) health days

04 Evaluations were managed by HQ in close coordination with regions and country office Evaluation teams, but focused on the countries

5. Joint independent evaluation of WHO's contribution in: Namibia
6. Joint independent evaluation of WHO's contribution in: Jordan
7. Joint independent evaluation of WHO's contribution in: Somalia
8. Joint independent evaluation of WHO's contribution in: Bhutan

03 evaluations were managed by regional offices in consultation with HQ teams

1. Evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases
2. Evaluation of the Research Ethics Review Committee
3. Integration of Gender Equality in PAHO's Technical Cooperation in Health in the Americas, 2005-2023

09 of the 11 evaluation reports were 'meeting requirements' (range 7 to 8), two 'approached requirements' (range 5 to 6), and none missed requirements. Compared to 2023 and 2024, it is the first time that all reviewed evaluation reports either approach or meet the requirements. All reports that met the requirements scored 2 or 3 (satisfactorily or fully met the requirement) on all three scoring criteria of integrating gender, equity and human rights concerns (in its scope/criteria, methodology, and findings/conclusions and recommendations). The evaluations that have approached the requirements have scored 1 or 2 in at least two criteria (meets the criteria to a limited extent), but for one evaluation, where all criteria scored 2. The details of the rationale for scoring are given in the Excel file (attached).

n terms of sampling criteria, please note the following:

The WHO Evaluation Office does not apply a predefined proportional sampling framework for meta-analysis. Evaluations are included based on practical inclusion criteria, namely independence, completion at the time of assessment, institutional relevance, and availability of sufficient documentation to allow quality review against standardised criteria. As a result, the composition of evaluations included in meta-analysis reflects availability and readiness rather than a fixed balance between corporate and decentralised evaluations.

Quality assurance, including in relation to the application of the UNEG standards, is applied to all centrally managed evaluations (whether they are corporate or otherwise)

This approach is still in the process of being cascaded through the rest of the Organization.

Quality assurance for decentralised evaluations is done through sampling, which is negotiated with ROs, which have a distinct legal and functional autonomy.

This quality assurance initiative covers the period of 2022 to 2025, and all ROs were asked to nominate evaluations for this initiative

ROs sent several decentralised evaluations as part of this exercise, but only 3 were done in 2025 and therefore were included in our UNSWAP submission

The report from this initiative will be finalised in 2026 and will be submitted in our 2026 UNSWAP reporting.

4ciii. Conducts at least one evaluation to assess the entity's corporate performance on gender mainstreaming or equivalent every 5 years

Following the WHO Executive Board's decision to approve the 2020-2021 Evaluation Workplan in February 2020 (EB146/3), an evaluation of the integration of gender, equity, and human rights in WHO's work was conducted in 2021. It covered the following questions:

To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?

What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?

How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?

What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

Besides, WHO's Evaluation 2026-2027 workplan includes an "Evaluation of Gender Mainstreaming in WHO", pending funding approval. Completion of the GEHR evaluation allows for a ranking of 'exceeding requirements' in the overall score of the PI 4 Evaluation indicator. Overall, the evaluations managed or supported by the Evaluation Office continue to use the UNEG standards to integrate gender, equity and human rights concerns in evaluations.

The review showed that the following factors determined the level of including gender, equity and human rights concerns in WHO evaluation reports:

Explicit Integration of Gender Equality and the Empowerment of Women in Evaluation Framework: Evaluations that scored highest (8) explicitly stated gender equality and the empowerment of women considerations in their evaluation objectives, criteria, and questions. High performers explicitly referenced UNEG guidance on integrating human rights and gender equality in their methodology, while lower performers only implicitly mentioned these concerns.

Sex-Disaggregated Data Collection and Analysis: The presence of systematic sex-disaggregated data collection was a critical factor. High-scoring evaluations explicitly described how data would be disaggregated by sex and other equity dimensions. Low scorers acknowledged gender but didn't operationalize systematic disaggregated data collection.

Mixed-Methods Approach with Diverse Stakeholder Inclusion: Evaluations scoring 8 consistently employed mixed-methods (qualitative and quantitative) with deliberate sampling to include diverse stakeholder groups, particularly vulnerable populations. This methodological plurality supported more comprehensive gender and equity analysis.

Assessment of Data Sufficiency for Gender Equality and the Empowerment of Women Indicators: A distinguishing factor was whether evaluations critically assessed if sufficient information existed to measure progress on human rights and gender equality. Higher performers explicitly acknowledged data gaps and their implications, while lower scorers didn't assess the adequacy of monitoring systems.

Intersectional Analysis in Background and Findings: The weakest overall area (average score 1.64/3) was intersectional analysis. Evaluations scoring higher provided intersectional analysis of affected social groups and referenced normative gender equality/human rights frameworks. Most evaluations struggled to move beyond demographic description to true intersectional analysis.

Gender-Specific Recommendations: High-performing evaluations provided specific, actionable recommendations addressing gender equality and the empowerment of women issues and priorities for improvement. Lower scorers either lacked specific recommendations or only mentioned gender in passing without concrete action points.

Critical Gap Identified: Even when gender was integrated in evaluation design and methodology (Criteria 1 & 2 averaged 2.7-2.9/3), it frequently failed to translate into substantive gender analysis in findings and recommendations (Criterion 3 averaged only 1.64/3). This represents the most significant barrier to meaningful integration of gender equality and the empowerment of women in WHO evaluations.

In addition to analyzing and learning from the good practices highlighted above, other actions the WHO Evaluation Office plans include the following:

Continue focusing and enhancing mainstreaming gender equality and human rights 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 gender equality and human rights 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.

Follow-up of the Decentralized Evaluation Framework to guide evaluations by programme managers in Regional/ Country Offices and technical programmes to incorporate gender equality, human rights and equity.

Looking ahead, WHO wishes to flag the need for greater harmonization across the inclusion of specific cross-cutting issues, i.e. gender equality under UNSWAP and disability assessments under UNDIS, to avoid over-whelming staff and achieving the respective goals.

What modality was used for the assessment?

- External

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:
PI5 Audit

EXCEEDS

Sci. The internal audit risk universe considers risks and challenges related to gender equality and empowerment of women, identified in consultation with the gender units/focal point

Gender equality and the empowerment of women are a key component of the World Health Organization (WHO) Office of Internal Oversight Services (IOS) internal audit process at all stages. Firstly, at the planning stage, the IOS internal 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 intimate partner violence. Furthermore, as part of the annual risk assessment, IOS seeks management feedback on specific risks including gender-related ones.

Scii. The internal audit function regularly considers gender equality and the empowerment of women risks in individual engagements

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. This updated risk matrix was used for audits in 2025.

Sciii within its risk-based cycle, concludes that the entity's gender equality strategy or policy has been appropriately assessed by internal audit, or another robust independent mechanism. This might include validation of UN-SWAP reports

Within its risk-based audit cycle, IOS ensures that WHO's gender equality strategy and policy are appropriately assessed through a combination of internal audits and validation of independent mechanisms. Gender considerations are embedded in audit planning and risk assessments, and IOS coordinates closely with departments responsible for gender equality strategy and policy to align objectives and review implementation at headquarters, regional, and country levels. Audit tests as stated

above examine the integration of gender equality and women’s empowerment in technical programmes, while evaluations, such as the 2021 “Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization”, along with UN-SWAP reporting, are leveraged to validate progress. This approach provides robust assurance that gender equality commitments are effectively implemented and monitored across the Organization.

Sciv. If gender equality and empowerment of women findings are recurrent and high-risk in nature, the internal audit function regularly reports on these findings and challenges in its annual reports to the governing bodies

WHO integrated audit reports include a conclusion on the effectiveness of internal controls related to “gender, equity and human rights”, with recommendations provided where improvements are needed. In addition, the Internal Auditor’s annual report to the World Health Assembly contains a standing section titled “Integration of equity, gender and human rights,” which presents relevant findings on gender equality, women’s empowerment, and prevention of sexual exploitation and abuse. When findings in these areas are recurrent and/or assessed as high-risk, IOS reports them in its annual reports to governing bodies as applicable to help ensure appropriate oversight and follow-up actions.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI6 Policy

EXCEEDS

6ci. Up to date gender equality policy/policies or equivalent

The resolution WHA 60.25 ‘Integrating gender analysis and actions into the work of WHO’ was approved by Member States in 2007 and remains vigilant, with biannual reporting to Governing Bodies. It is the guiding policy framework for WHO’s gender mainstreaming work, with the WHO Secretariat Roadmap to Advance Gender Equality, Human Rights and Health Equity (2023–2030) having been in place since 2023 to support its implementation. The roadmap is structured around six action areas: leadership; architecture; capacity-building; resources, tools and assistance; organizational systems; and accountability.

WHO’s new Gender Parity Policy (2023–2026) replaced the WHO Gender Equality in Staffing Policy in January 2017. A corresponding Implementation Plan was prepared for 2024-2026 and is being implemented.

WHO adopted the Sex and Gender Equity in Research (SAGER) guidelines in 2023 as the institutional policy to promote a systematic approach to integrating and reporting sex and gender dimensions in research and data analysis. This supports a more nuanced understanding of the gender related factors influencing health risks and outcomes.

6cii. Deliverables in the costed action plan have been achieved or are on track to be achieved in line with the proposed timeline for implementation

Despite challenges during the recent period due to WHO’s financial crisis, implementation of the Roadmap is progressing. For example, amongst others, the key deliverable on gender architecture - the establishment of Programme on Gender Equality, Human Rights and Health Equity - was solidified in 2025 with the development and implementation of the organigram and post descriptions for the new Gender, Rights, Equity, and Sexual Misconduct Department during WHO’s restructuring. The mandatory implementation of the gender marker into operational planning, and institutionalisation of related guidance, was a key deliverable with respect to accountability and, for capacity strengthening, regular workshops with focal points and the launch of the I Know Gender on the iLearn website are important milestones. Normative guidance has advanced through an extensive peer review of the updated Gender Mainstreaming Toolkit, including a module on SAGER. Deliverables related to research agenda setting have been achieved through the setting of priorities through the women’s policy brief, the women’s health coordination group focus on evidence gaps, and a consultation held on transgender health research gaps.

6ciii. Adequate resources disbursed for implementation of the gender equality policy/policies or equivalent

The new Gender, Rights, Equity and Sexual Misconduct Prevention department was created during restructuring in 2025, merging the previous two departments. Whilst finances are currently restricted across the WHO due to significant funding cuts, adequate resources have been maintained for the staffing and functions of the new Department to continue its work in support of Roadmap implementation. The Science Division, along with the new GEM Department, is continuing to promote and institutionalise the SAGER guidelines. Similarly, despite significant staffing cuts, HRT maintained resources for implementation of the Gender Parity Policy and is monitoring the impact of the restructuring on its targets.

6civ. Entity reports at least every two years / regularly to the Governing Bodies or equivalent on progress of the gender equality policies or equivalent

The annual UN SWAP and Human Resources reports are presented to Governing Bodies every year during the Programme, Budget and Administration Committee of the Executive Board meeting (PBAC). WHO's strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007) is presented to the World Health Assembly biennially.

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

2030

Does your entity have a strategy/policy that focuses on advancing the entity's commitments to gender equality in humanitarian settings?

- Yes

If yes, please provide explanation if any

The WHO Health Emergency Programme has a gender strategy titled "Mainstreaming Gender within the WHO Health Emergency Programme 2022-26." This strategy encourages policy shifts that challenge harmful gender norms and promote gender equality throughout emergency preparedness and response. WHE's mandate is to provide timely, predictable and comprehensive support to countries and communities before, during and after emergencies triggered by any threat to human health, including disease outbreaks, natural or human-made disasters, and conflict situations. The gender strategy offers guidance on integrating gender analysis systematically across WHE policies and programmes so that the programme's work meaningfully contributes to greater gender equality. In doing so, it strengthens the overall quality and effectiveness of health emergency operations at all levels. The strategy outlines how WHE can better address the specific gender-related risks and needs faced by women, men, girls, boys and people of diverse gender identities during health emergencies. By doing so, it supports the development and implementation of WHE policies and interventions that are more responsive, inclusive and impactful—ultimately helping to reduce gender-based inequalities, including disparities in illness, death and the longer-term social and economic consequences that emergencies often create.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI7 Leadership

EXCEEDS

7ci. Gender equality and the empowerment of women is proactively promoted and pushed forward by senior leadership both internally and publicly

WHO senior leadership actively and visibly advances gender equality and the empowerment of women and girls both inside the Organization and on the global stage. This commitment is reflected through continuous public advocacy, strategic institutional messaging, internal workforce engagement, and participation in high-level global forums that position gender equality as integral to WHO's mission and operations.

At the institutional level, WHO leadership reinforces accountability for gender equality through formal mechanisms. The Director-General (DG) provides Member States with a dedicated report on WHO's implementation of United Nations System-Wide Action Plans, including UN-SWAP, demonstrating organizational commitment to gender-responsive policies and tracking progress on gender mainstreaming. WHO also submitted a formal statement to the 69th Commission on the Status of Women (CSW69), reaffirming its global commitment to women's rights, gender equality, and strengthening the gender

responsiveness of health systems.

Publicly, WHO senior leadership consistently uses major global platforms to highlight the centrality of gender equality to health, human rights, and sustainable development. In March 2025, during the commemoration of International Women's Day and the 30th anniversary of the Beijing Platform for Action, the DG emphasized the disproportionate caregiving responsibilities placed on women, the fact that women make up nearly 70% of reported health worker infections, and their persistent underrepresentation in leadership roles across the health sector. He called for renewed action to advance gender equality in and through health systems, while recognizing and appreciating the contributions of women working within WHO and across the global health workforce.

To reinforce these messages internally, WHO launched a new workforce-focused event series in 2025 titled "A Seat at the Table." The inaugural session, held in observance of International Women's Day 2025, convened a panel discussion that encouraged WHO personnel to reflect on the Organization's progress and remaining gaps in gender equality. The event centered on women's leadership as a key driver of organizational transformation, acknowledging that while women comprise the backbone of the health workforce, they remain underrepresented in leadership roles. This initiative demonstrated how senior leadership fosters an internal culture where staff are encouraged to contribute to advancing gender equality and to see themselves as agents of change.

Throughout 2025, the DG continued to promote gender equality during major global health events. At the "Healthy beginnings, hopeful futures" event on 7 April 2025, he advocated for stronger political commitment, increased investment, and equitable access to quality care for women and newborns, highlighting the need for inclusive health systems that reach those most at risk. During World Health Day and the 78th World Health Assembly (April–May 2025), he reinforced the link between maternal and newborn health and broader gender equality goals, stressing equitable access to services across the life course and aligning this work with the Global Strategy for Women's, Children's and Adolescents' Health.

On 19 November 2025, the DG addressed the intersection of violence against women and health systems, underscoring gender-based violence as a pervasive global injustice, a profound public health crisis, and a fundamental human rights issue. He emphasized that empowering women and girls is essential for health, peace, and sustainable development, and called for health systems that respond compassionately and effectively to survivors' needs.

Senior leadership beyond the DG also plays an essential role in public advocacy. Dr Hanan H. Balkhy, WHO Regional Director for EMRO, issued a regional statement on the International Day for the Elimination of Violence against Women (25 November 2025), reinforcing WHO's commitment to preventing and responding to violence against women. Similarly, Professor Pascale Allotey, Director of HRP and the Sexual and Reproductive Health Department, delivered opening remarks at a WHO webinar on the release of new global prevalence estimates of violence against women (16 December 2025), highlighting the need for evidence-informed action and gender-responsive policy frameworks.

Collectively, these actions illustrate that WHO senior leadership does not treat gender equality as a peripheral issue; rather, they make it a strategic, visible, and leadership-driven priority. Internally, they foster an organizational culture in which gender equality, women's empowerment, and inclusive leadership development are seen as core to WHO's effectiveness. Initiatives like "A Seat at the Table" ensure staff at all levels are engaged in shaping progress and holding the Organization accountable.

Externally, senior leaders leverage global platforms, health assemblies, international observances, and high-level dialogues to reaffirm the Organization's commitment to gender equality and to influence Member States, partners, and global institutions. Their public messaging consistently underscores the interconnectedness of women's rights, leadership, health outcomes, and equitable health systems.

Through sustained advocacy, formal reporting, internal engagement, and high-level global leadership, WHO senior leadership proactively champions gender equality as a fundamental pillar of health, human rights, and organizational excellence.

7cii. Entity's progress, learning and accountability for achieving results in the gender equality policies is enhanced through a senior level Gender Steering and Implementation Committee or equivalent

WHO established a dedicated senior-level coordination mechanism, which serves as the entity-wide platform for senior oversight, alignment, and coordinated implementation of gender equality and women's health priorities under GPW14, at the end of 2025. The mechanism operates at two levels, ensuring both senior-level governance and technical-level implementation, as required under Indicator 7cii.

Senior-level Steering (Director-level Mechanism)

The Coordination Group is co-chaired by two Directors, ensuring leadership oversight and decision-making authority at a senior managerial level:

Director, Department of Gender, Rights, Equity and Sexual Misconduct Prevention (GEM)

Director, Department of Sexual, Reproductive, Maternal, Child, Adolescent and Ageing Health (LHR)

Once a year, the mechanism will convene a dedicated Director-level meeting, attended by Directors from relevant technical areas across HQ and Regional Offices. This meeting provides high-level governance, including:

Setting strategic priorities and the annual agenda

Mandating follow-up actions to the relevant Departments

Identifying issues requiring ADG-level or Executive Management (EXM/GPG) decision-making

Ensuring organisational alignment and coherence

Technical Implementation Group (Senior Professional Staff Across WHO)

The technical-level group comprises senior professional staff (P5, P4, unit heads, senior technical leads, coordinators, and regional advisers) working across the key domains covered by the GPW14 composite outcome on gender equality, including:

Women's health across the life course

Gender equality

Reproductive rights and bodily autonomy

Social and environmental determinants of health

Health system responsiveness

Health risks and outcomes

Membership includes technical leadership from all WHO Regional Offices and a broad range of HQ programmes. The group convenes bimonthly and plays an operational role in:

Advancing joint products and coordinated technical contributions

Ensuring coherence and mutual learning across the Organization

Supporting organisational accountability for gender equality results

A full membership list—covering HQ, AFRO, AMRO/PAHO, EMRO, EURO, SEARO and WPRO—is included in the draft ToRs and demonstrates multi-level, cross-programme representation at appropriate levels of seniority. These ToRs are still being reviewed and are not yet final, but we expect them to remain relatively unchanged.

7ciii. Head of Gender Unit or equivalent participates in senior management team meetings, as relevant

The Director of the Department for Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) attends WHO's senior management meetings. Some of technical leads working on gender equality and/or the prevention and response of sexual misconduct at regional level also participate in senior management meeting within the respective Regional Offices (South-East Asia, Africa, Western Pacific)

7civ. The Head of the Gender Unit or equivalent has a direct reporting line to senior leadership

The head of the Gender Unit reports directly to the Director of the Department for Gender, Rights, Equity and Sexual Misconduct Prevention and the Director of Department for Gender, Rights, Equity and Sexual Misconduct Prevention reports to WHO's Chief of Staff (ADG), within the new Division for Governance, Partnerships and Accountability (9). The Gender Rights and Equity Team Leads in Regional Offices also have direct reporting line with the regional leadership

Promoted and pushed forward gender equality and the empowerment of women in at least three of the following areas: (select all that apply)

- (Push forward / address pushbacks) Strategic alliances: Participate in strategic alliances with governments, UN entities, the private sector and civil society organizations to sustain gender equality commitments, including in restrictive or challenging political environments
- (Push forward / address pushbacks) Inter-agency advocacy: Advocate within the UN system for the importance of promoting gender equality and the empowerment of women and advancing gender-responsive policies, including through engagement in inter-agency for a (e.g.: CEB, HLCM, HLCP, UNSDG). Evidence can include relevant meeting minutes or equivalent
- (Promote) Internal accountability: review progress against the UN-SWAP performance on at least an annual basis and ensure adequate budgets and staff capacity are in place to address under-performance across relevant UN-SWAP Performance Indicators

- (Promote) Articulate a clear vision: Deliver a public speech or equivalent, other than on International Women’s Day, outlining a concrete vision for how the entity will achieve its gender equality and empowerment of women mandate. (This should go beyond generic references to women and men and how gender inequalities will be addressed.)

Please provide more details on the above leadership-related selections

Example of Articulating a Clear Vision: In September 2025, the WHO Director General issued a message to all WHO staff in which he reiterated the WHO’s commitment to gender equality. He framed WHO’s vision for advancing gender equality in and through health in accordance with GEAP’s five strategic pillars and urged staff to continue integration of these principles, and the related priorities of the 14th Global Programme of Work, into the operational planning of all work, Example of Internal Accountability: WHO compiles UN SWAP report on annual basis with the help of different business owners for different performance indicators. The final report score card is presented to PBAC which is a subcommittee of the WHO Executive Board (10) Example of Inter Agency Advocacy: WHO actively engages with the UN Chief Executives Board for Coordination (CEB) by implementing CEB mandated standards and contributing to systemwide gender equality efforts. For example, WHO applies the four-point Gender Equality Marker in full alignment with the CEB VII UN data standard and reports quality assured gender related financial information to governing bodies and the CEB. Following the endorsement of Gender Equality as a UN Data Standard by the CEB Finance and Budget Network, WHO expanded the mandatory use of gender markers across all offices and funding sources. WHO’s Gender Equality in Staffing Policy is similarly grounded in the CEB Policy on Gender Equality and the Empowerment of Women (CEB/2006/2), reinforcing systemwide commitments through internal accountability mechanisms. Example of Strategic Alliances: WHO builds strategic alliances with the private sector through initiatives such as its collaboration with the World Economic Forum’s Global Alliance for Women’s Health, which advances innovation and promotes sex specific research to strengthen women’s health and gender equality outcomes. This partnership enables WHO to leverage private sector expertise, evidence and influence to accelerate progress on women’s health and drive cross sector solutions that support global gender equality commitments.

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI8 Gender-responsive Performance Management

APPROACHING

8ai. System in place to hold entity senior leadership accountable for entity performance against the gender equality policies or equivalent

WHO’s senior leadership, including the Director General and Deputy Director General, are held accountable through a combination of Member State governance, formal performance management, delegated authority with reporting obligations, and independent oversight mechanisms. The Director General is appointed by and accountable to the World Health Assembly, with ongoing oversight exercised by the Executive Board. Leadership performance is monitored through the WHO’s Accountability Framework and results-based management system, supported by regular reporting to governing bodies. In addition, WHO has established independent audit, investigation, and oversight mechanisms, including a WHA-approved procedure for investigating allegations against the Director General, ensuring accountability at the highest level of the Organisation.

Regional Directors, ADGs, and Directors at HQ are accountable for meeting annual gender equality targets, with reporting to the DG. They are responsible for implementing gender-responsive practices, monitored by HR & Talent Management.

Gender equality and women’s empowerment are embedded as mandatory competencies in staff and supervisor performance evaluations, assessed through self-assessment and supervisor review in the ePMDS+ system.

Training on giving and receiving feedback, as well as active listening during performance-management conversations, has been launched as part of the leadership program and reached 154 leaders in the emergency programmes globally in 2025.

The Respectful Workplace Programme strengthened managerial capacities to model inclusive behaviour, promote

psychological safety, and address workplace dynamics that can lead to unequal treatment of women and underrepresented genders.

8a.ii. Knowledge or experience in gender equality is embedded as a desirable competency/skill in new Job Descriptions/ Terms of Reference and recruitment processes as relevant

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.

8a.iii. A requirement for a proven track record in gender equality and the empowerment of women is included in senior appointments

All vacancy notices include references to WHO's Values Charter, zero tolerance for sexual exploitation and abuse, and a diversity statement emphasizing equal representation of women and under-represented groups.

Knowledge or experience in gender equality is embedded as a desirable competency in Job Descriptions, Terms of Reference, and recruitment processes of a Regional Director, ADG or Director position which shows that knowledge or experience in gender equality is embedded as a desirable competency/skill .

Example includes. 2407267 Director, POL, D2:

Job requirement includes: Possesses requirement in a comprehensive understanding of fundamental gender concepts. Proven experience in supporting gender equality and women's empowerment at both strategic and policy levels.

Several recently advertised Director positions now incorporate a broader concept of diversity and inclusion rather than gender-specific language:

2504384 Director, Epidemic and Pandemic Management: Focuses on managing diverse teams and financial resources.

2504377 Director, WHO Academy: Requires fostering an inclusive culture within a multidisciplinary team.

2504374 Director, Communications: Emphasizes the ability to manage diverse teams.

2504350 Director, Office of Internal Oversight Services (IOS): Emphasizes the ability to manage diverse teams.

Knowledge or experience in gender equality is embedded as a desirable competency in Job Descriptions, Terms of Reference, and recruitment processes.

Position Descriptions refer to a broad concept of Diversity and Inclusion. Examples included in supporting attachments:

2408072 Team Lead (Integration and Capacity Strengthening), P5: Requires a proven ability to lead diverse multidisciplinary teams across cultural and political environments.

2404001 Team Lead (Networks and Collaboration), P5: Focuses on excellent skills in managing diverse teams and financial resources.

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.

A screenshot from the ERP system (Stellis) is uploaded – for a staff position requisition. Where a GSM classified position number is mentioned in the requisition (FT or temporary appointments), the system extracts the contents of the position description from GSM (at the time that the requisition is submitted for approval). It populates the "Additional information" content, which includes DEI-related statements. The screenshot below includes a 'before' and 'after' view of the automated extraction.

Where a requisition does not include the GSM classified position at the outset, for example, job opening for multiple similar

positions, rosters, or for Affiliate jobs; recruiters are required to add the “Additional information” content manually. Attached is an e-mail outlining this requirement to include the statements in various types of Vacancy Notice (VN) templates.

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.

Hiring managers can use the HR BI Dashboard – HR Data Analysis to review key HR data related to ongoing recruitment, such as gender, grade level, and geographic distribution. This helps them make informed decisions during the hiring process.

The HR BI Dashboard for Recruiting is still under development and is currently on hold due to the ongoing BMS project.

Once the BMS project is completed, work on the dashboard will proceed further so it can include recruitment-specific metrics.

In the meantime, Stellis remains the main tool for tracking and monitoring each stage of the recruitment process.

The BI Dashboard will reflect data once the candidate has joined the specific grade

Senior appointments consider a proven track record in gender equality through interview questions, reference checks, and evaluation of prior contributions.

For example:

2407267 Director, POL, D2: Interview Question Example: “Please provide an example when you identified insufficient attention to gender perspectives in programmatic planning or implementation. What actions did you take? What changed as a result of your action? What were the key learning points?”

Reference Check: Currently, neither the WHO nor OneHR background verification forms specifically refer to gender equality.

- WHO Annex 8 (All levels): The only related assessment is the "ability to cope in a diverse and complex environment."

- OneHR Qualitative Forms (Senior & Non-Senior): No current references to diversity or gender-specific questions.

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



Performance Indicator:
PI9 Gender Equality Marker

MEETS

9bi. The four-point gender equality marker (GEM) scale is applied through the entity’s Enterprise Resource Planning (ERP) system, in alignment with the Chief Executives Board for Coordination (CEB) VII UN data standard

The World Health Organization (WHO) has introduced a mandatory gender marker to track and quantify expenditure during the 2024–2025 biennium, with the goal of advancing gender equality and women’s empowerment in alignment with CEB VII UN data standard for system wide financial reporting. The four-point marker was integrated into the Organization-wide ERP system (GSM). The application of ‘Gender Marker’ became mandatory for all products and services included in the activity workplans of all departments of WHO with the operational planning of the Programme budget 2024-25. The ‘Gender Marker’ is based on UN CEB best practices and aligns with the UNCT Country Marker. After the financial closure of the 2024–2025 biennium in 2026, WHO will be able to report its financial contributions using this ‘Gender Marker’.

9bii. Quality assurance for the application of the GEM is prioritized and supported through capacity building and guidance

Quality assurance for the application of 'Gender Marker' was ensured through multiple methods. These included a dedicated section on application of 'Gender Marker' in the operational planning guidance manuals, dedicated webinars, a video tutorial, and a series of clinics for individual guidance.

Organization-wide clinics provided hands-on support for accurately applying the marker during operational planning of the Programme budget 2026-27 that started in Q3 2025. These clinics also helped with quality checking the application of 'Gender Marker' for the 2024–2025 workplans. The guidance has been further refined to incorporate lessons learned from the initial implementation phase with a step-by-step approach and practical examples tailored to the nature of the product/service that is being planned. The guidance note on the application of 'Gender Marker' in the operational planning guidance manual was developed by the Department for Gender, Rights, Equity, and Sexual Misconduct Prevention in collaboration with the Planning and Resource Coordination Department.

During the six-monthly reviews of 2024-25 workplans, responsible officers were reminded to quality-control their plans and, where necessary, adjust the Gender Marker tagging. In the financial closing guidance for the 2024–2025 biennium, validation of 'Gender Marker' tagging was explicitly requested in the financial closure instructions, and the application guidance was re-shared to reinforce compliance. Business Intelligence dashboards have been developed to enable real-time monitoring of application of 'Gender Marker' across all WHO offices for the implementation of operational plans 2024-25. For the planning of the 2026–2027 programme budget, these efforts intensified based upon lessons learned from the first biennium with the marker..

To strengthen the knowledge base, an external consultant conducted a review of GEM application practices. This review informed improvements in guidance and capacity-building efforts. Overall, these measures of updated guidance, regular clinics, and external reviews ensure that quality assurance for the application of 'Gender Marker' is present throughout planning, implementation, and validation stages.

Does the entity apply the Gender Equality Marker (GEM)?

- Yes

Which type of scale is used?

- 4-point scale (0, 1, 2/2A, 3/2B)

At what level of tagging is the GEM applied?

- Output level

Does the entity apply the GEM to track finances?

- Yes

In which areas or budget sources does the entity apply the GEM?

- Other

If other, please explain

The GEM is applied to all budgetary sources included in WHO workplans. This means every product and service, regardless of funding origin, is assessed using the marker. The staff costs will be prorated to ensure accurate attribution.

Please provide the percentage of expenses that are tagged with a GEM score and the percentage of total expenses that is not GEM coded (e.g. 30% if programmatic cost is tagged with a GEM, 70% of expenses are not tagged)

For the biennium 2024-25 99.99% of the product and services in the activity workplans were tagged with a 'Gender Marker' . The corresponding expenditures are associated with these products and services, providing visibility into both planned figures and actual implemented expenditure. Staff workplans are not tagged. At the time of this report the final expenditures for the biennium have not been recorded and are not yet available

How is the GEM information generated?

- Other

If other, please explain

It will be automatically generated from the ERP system and manual calculations will be done to prorate staff costs and translate the code to expenditures.

Is the GEM embedded in the Enterprise Resource Planning (ERP) of the entity?

- Yes

If yes, which ERP is used in your entity?

- Other

If other, please explain

WHO uses an Oracle based ERP system called GSM.

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



Performance Indicator:
PI10 Financial Targets

APPROACHING

10a. A financial target for gender equality and the empowerment of women is set and a plan is developed to reach it

WHO is expected to meet the GEAP-mandated financial benchmarks for advancing gender equality. This includes encouraging 15% of all activities in the 2026–2027 work plans to be classified at the GEM 3 level, reflecting initiatives where gender equality is the primary objective. Budget Centres are urged to limit GEM 0 activities and to guide earmarked donor funding toward GEM 1 and above. For new UN joint programmes and pooled funding mechanisms, WHO aligns with the GEAP by aiming for a 40% financing target for GEM 3 initiatives, reinforcing the organisation’s commitment to prioritising meaningful gender-equality investments. This message was issued by the Director General in September 2025 when all divisions and departments embarked on their biennium operation planning for 2026-27.

WHO confirms that it has formally established a financial target for GEEW in the Director-General’s corporate communication on the UN GEAP. The GEAP directive sets a 15% target for organisational expenditures dedicated to activities where gender equality is the principal objective (GEM 3) for the 2026–2027 biennium.

In addition to the 15% GEM 3 financial benchmark, the Director-General’s GEAP communication also sets a second financial target related to budget quality: Budget Centres are instructed to minimise GEM 0 activities, ensuring that no organisational resources are allocated to gender-blind programming. This directive is part of the Organization-wide budgeting and operational planning instructions for 2026–2027.

The Gender Equality Marker Annex to the operational planning guidance does not set a financial target; it operationalises the mandatory use of the GEM, provides scoring criteria, and guides Budget Centres on how to plan and budget accordingly. It therefore supports the establishment of a financial target.

The DG’s GEAP message is attached as the formal corporate document establishing the target.

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



11bi. Gender focal points or equivalent at HQ, regional and/or country levels are: a. appointed from Professional staff level P4 and above or equivalent National Professional Officers b. have written terms of reference c. capacitated with adequate gender expertise d. at least 20 percent of their time is allocated to gender focal point functions

Focal Points are nominated at headquarters, regional and country levels and come from a range of grade levels. Focal Points at headquarters are at the P5, P4 or P3 levels, while most Leads in regional offices are at the P4 level. At the country level, Focal Points are expected to be at a minimum of P3 or above, including equivalent levels in the National Professional Officer (NPO) category.

The Terms of Reference for Focal Points were updated in January 2025. While most focal points have received gender-related training, capacity levels vary across the organization. Many Focal Points participate in headquarters and regional office network sessions, through which they receive continuous support, inputs and capacity development, as well as opportunities for country-to-country exchange. (It should be noted that significant restructuring during 2025 has affected the continuity of the network configuration and capacity strengthening possibilities to a degree).

In line with the revised Terms of Reference, Focal Points are expected to allocate 20 per cent of their time to activities in support of gender equality, human rights and equity. This requirement has been formally communicated to Directors and is embedded in the Terms of Reference.

11bii. Staffing standards, training and deployment preparation needed for supporting the implementation of the entity's gender equality goals are established

WHO has established staffing standards, training requirements, and a clearly defined gender architecture, fully aligned with PI 11bii. While these standards are not consolidated in a single standalone guidance document, they are formally articulated and operationalised across several endorsed instruments, consistent with the flexibilities allowed under the UN-SWAP 3.0 Technical Guidance.

Formal staffing standards for gender focal points

The Terms of Reference for GRE Focal Points at HQ, regional offices and country offices (attached in our original submission), set out explicit corporate staffing requirements, including:

Required professional levels

HQ: main focal point at P3/NO-C level or above

RO/CO: P4 level recommended

Minimum 20% dedicated time for GRE functions

Mandatory inclusion of a GRE objective in ePMDS

Required foundational knowledge in gender, equity and rights

Defined responsibilities for advisory, capacity-building, integration, monitoring and reporting

Appointment process led by Directors and WRs

These constitute WHO's formalised staffing standards, meeting PI 11bii.

Institutional gender architecture

WHO's gender architecture is defined by:

A dedicated Department for Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) at headquarters;

A formalised Global GRE Network operating across all three levels of the Organisation (HQ-RO-CO);

Required departmental focal points in every HQ department, every regional programme area, and every country office;

A coordinated global system of meetings, shared tools, training, and reporting processes.

This architecture is described in:

The GRE Focal Point ToRs;

Communications from Directors to ADGs, WRs, and department directors on the (re)nomination and deployment of focal points;

The "Welcome/Refresher" note to the Global GRED Network outlines core responsibilities, training requirements and induction processes.

Training and deployment preparation

Training and deployment preparation are also established and documented, including:

Required foundational training on the GRE;

Mandatory departmental coordination of training (per the ToRs);
Provision of curated learning resources, globally accessible repositories, and ongoing support from GEM;
Structured induction communication for new focal points.

4. No single consolidated document is required under UN-SWAP 3.0

UN-SWAP 3.0 Technical Guidance does not require a single consolidated policy. PI 11bii requires that staffing standards “are established,” which may be demonstrated through multiple formal, endorsed instruments. WHO has provided these, and they collectively constitute a clear, formalised, and fully operational staffing architecture.

Supplementary resources that illustrate the above, in addition to what has already been shared:

Communications to senior leadership on focal point (re)nomination

Global GRED Network onboarding and guidance note

11biii. Gender department/unit is fully funded according to an agreed funding formula, based on staffing standards/ according to the entity mandate

The newly formed GEM Department at HQ (responsible for advancing the Organization’s work on gender equality) continues to be funded through Assessed Contributions (in addition to additional capacities through the provision of Junior Professional Officers by Australia and Norway), even following a significant reduction in overall resources. The funding has also been maintained for other key areas of work related to addressing gender inequality, including Health Inequality Monitoring, Gender-Based Violence, Sexual and Reproductive Health and Rights, and Social Determinants of Health.

Dedicated funds are also allocated at the regional level to the Regional Leads and in support of the Focal Point network. Four of the six regional offices also use a roster of gender experts as and when needed (EURO, PAHO, SEARO and AFRO) The core budget also supports the prevention of sexual misconduct function, including dedicated Coordinators at the regional level and PRS focal points in high risk contexts.

Total number of entity staff

7733

Total cost of all entity staff

1500000000

How did your Gender Architecture change last year, or how is it expected to change under current resource conditions?

During the restructuring, the former Gender, Rights and Equity Department was merged with the Department responsible for the prevention of and response to sexual misconduct and is now the Department for Gender, Rights, Equity and Sexual Misconduct Prevention (GEM).

Does the entity have a Gender Unit?

- Yes

Total number of staff in the gender unit:

15

Total staff cost of gender unit:

2137250

Financial allocation of gender unit (excluding staff cost):

1421539

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

- Yes

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

- Other
- LGBTQI+

If yes, 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 additional financial resources came with the merger of the GEM and the Preventing sexual misconduct (PRS) departments. The staff cost and activity cost of PRS functions is included in GEM's overall resources.

Location of Gender Unit: Where is the gender unit located in the organigram?

- Office of the Head of Entity / Deputy Head of Entity

Level of seniority of Gender Unit: What is professional level of the head of the Gender Unit?

- Director level (D1 and D2)

Where is the gender parity function located?

Human Resource and Talent Acquisition Department

Total number of gender focal points in the entity:

196

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

If yes, total number of gender advisors/specialists (not part of the gender unit) in the most recent available reporting year

2

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



Performance Indicator:
PI12 Capacity Development

APPROACHING

12ai. Ongoing mandatory training on gender equality and the empowerment of women provided for all levels of entity personnel at HQ, regional and country offices

The "I Know Gender" training course for WHO personnel is now accessible to all staff on ILEARN. Its purpose is to strengthen awareness and understanding of gender equality, and to support the integration of gender responsive perspectives across WHO's work at headquarters, regional offices and country levels. The course is composed of two modules, and upon completion, participants will be able to:

Explain essential terms related to gender equality and the empowerment of women.

Describe the main elements involved in the social construction of gender.

Recognize how social structures have contributed to persistent inequalities between women and men.

Identify key approaches used to advance gender equality and promote women's empowerment.

Refresh their understanding of human rights principles and how human rights issues shape the experiences of women, men and people of diverse gender identities.

Understand that achieving gender equality is central to major global commitments.

This training is relevant for all WHO staff, whether working in administration, management, technical roles, programming or

operations. It introduces global normative standards and provides an initial overview of how intersectionality influences experiences of gender inequality, as well as the connections between gender, human rights and equity. The course has been rolled out in 2025 as a mandatory course for all staff and translation into all UN languages will be completed in 2026. Early completion by staff of the already accessible English language version is counted toward the mandatory requirement.

12a.ii. A capacity assessment in gender equality and the empowerment of women is carried out

WHO conducted its first organization wide assessment of capacities related to gender equality, health equity and human rights in 2022 to capture the knowledge, skills and capacity building needs of personnel. The survey combined self-assessment questions with knowledge testing items to better understand both perceived and actual understanding of key concepts. The assessment confirmed a wide variation in knowledge and skills across the WHO workforce regarding the integration of gender equality, human rights and health equity into their respective areas of work; limited shared understanding of foundational principles, concepts and terminology related to these thematic areas; a need for role-specific and tailored capacity strengthening approaches. The survey participants also expressed a strong preference for interactive and practical learning methods and called for practical tools and guidance that staff can readily apply in their daily work. Over the past two years, the regional offices of Africa and South East Asia have conducted their own stock-taking and capacity assessment to inform their work in this area over the coming few years.

12a.iii. A costed capacity development plan to support the acquisition of relevant skills and knowledge on gender equality and the empowerment of women is developed

A costed capacity development plan was prepared through a consultative process with Programme staff and the Gender Focal Points. The plan aims to ensure that all WHO personnel are equipped to fulfil their responsibilities to take evidence based, gender responsive, human rights based, and equity oriented actions, so that every individual can enjoy the highest attainable standard of health and health related human rights free from inequality, discrimination, and human rights violations and abuses in line with WHO's mandate and Member States' international commitments. The capacity development efforts specifically aim to enable staff to explain key concepts, approaches, mandates and principles related to gender equality, human rights and health equity, and articulate how these contribute to the highest attainable standard of health; demonstrate commitment to gender equality, human rights and health equity mandates, values and principles in their daily work and deliverables; apply gender responsive, human rights based and equity oriented approaches, tools and resources, and adapt them to programme specific and contextual needs; and advocate for advancing gender equality, human rights and health equity as central to WHO's mandate. The plan identifies the actions required to deliver learning opportunities in a timely manner. The capacity development plan includes differentiated learning pathways comprising combinations of learning opportunities and tailored to integrate Gender Rights and Equity into specific roles are available for headquarters and regional Gender focal points; country office Gender focal points; WHO Representatives, directors and managers; technical officers; programme officers, management officers, programme managers and executive officers; and training developers, communications officers and resource mobilization officers. These trainings may also be extended to national counterparts and introduce core Gender, Rights and Equity concepts, tools and methods, including the use of disaggregated data and how to conduct gender, equity and human rights analyses. They also support participants in applying Gender, Rights and Equity principles to their current work and identifying next steps for integration.

Please indicate if the "I Know Gender" course is the mandatory training on GEEW

- Yes

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

- Yes

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

One example is that the Gender Focal Points in Polio Programme were provided with customised trainings according to their requirements in AFRO and EMRO regions. These trainings were customised according to the requirements of polio programme and resulted in successful gender integration at various levels.

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

- Yes

If yes, please briefly describe the outline of the training

The Global Polio Eradication Initiative (GPEI) is one of the largest public–private partnerships, bringing together the Gates Foundation, Rotary International, the US CDC, Gavi, the Vaccine Alliance, WHO, and UNICEF. GPEI Coordinators are placed at various levels to coordinate polio eradication activities across these partners. They recently received gender mainstreaming training to ensure that all GPEI partners integrate gender considerations into their initiatives. As a result, the GPEI Coordinators have adopted an action oriented approach to achieving gender parity at all levels. The office has also planned a gender norms mapping exercise to generate evidence that will inform and tailor programme implementation strategies.

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



Performance Indicator:
PI13 Organizational Culture

APPROACHING

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

The Respectful Workplace 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. In 2025, WHO strengthened its organizational culture by advancing a respectful, inclusive, and gender-responsive working environment throughout a difficult restructuring and realignment transition. Through the Respectful Workplace Programme and the Workforce Transition Support Hub, the Organization promoted behaviours, systems, and leadership practices that uphold dignity, equality, and psychological safety for all staff. The Respectful Workplace Programme supported leaders and teams to maintain equitable, respectful working relationships during the transition, reinforcing WHO's Values Charter and policies that safeguard staff from gender-based discrimination, harassment, and retaliation. Practical tools and tailored guidance strengthened trust, psychological safety, and dialogue—conditions that enable equal voice and participation for women and those of gender diverse identities. Targeted capacity-building activities, including dialogue-based learning sessions, leadership briefings, and access to a, equipped staff and managers with the skills to model inclusive communication, navigate conflict, and manage change without reinforcing gendered power dynamics. These interventions contributed to dismantling informal norms and behaviours that can disadvantage women in the workplace. The Workforce Transition Support Hub ensured equitable access to career coaching, mental health support, and administrative guidance (pensions, health insurance), reducing gender-differentiated impacts of organizational change. Integrating Respectful Workplace resources within the Hub further embedded gender-responsive values and conduct into daily work interactions.

During 2025, WHO launched an organisational culture change strategy. The strategy recognizes that unequal power dynamics rooted in hierarchy, favoritism, and systemic inequities such as gender inequality, racism, and language bias undermine trust, accountability, and staff well-being. It highlights how leadership holds disproportionate influence over psychological safety, decision-making, and access to opportunities. The strategy seeks to rebalance this by strengthening accountability mechanisms, increasing transparency in recruitment and promotions, and elevating staff agency through speak-up systems, inclusive practices, and accessible justice pathways. By addressing how power is distributed, exercised, and sometimes misused in organizational structures and everyday interactions, the strategy aims to shift WHO toward a more equitable, transparent, and participatory culture where authority is exercised responsibly and all personnel can meaningfully influence their environment.

Implement, promote and report on facilitative policies for parental, family and emergency leave, breast-feeding/nursing and childcare

The following policies are being implemented and promoted:

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.

Implement, promote and evaluate policies related to work-life balance/professional and personal life integration, including part-time work and flexible working arrangements, such as staggered working hours, telecommuting, scheduled breaks for extended learning activities, compressed work schedules, financial support for parents travelling with a child

WHO implement, promote and evaluate policies related to work life balance, professional and personal life integration including part time work and flexible working arrangements. Some of these policies are mentioned below:

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" was 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 OmbudspersonNetwork.

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

The Well-being Team has been actively involved in the Incident Management Support Team 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 specialised 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 counsellors and psychologists available to address more detailed needs as necessary.

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

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.

Conduct, disseminate results of, and report on regular global surveys and mandatory exit interviews which obtain and analyse data relevant for an assessment of the qualitative aspect of organizational culture and provide insight into issues that have a bearing on recruitment, retention and staff experience, including staff well-being, equality and zero tolerance for unethical behaviour, including online

Two pulse surveys (26 May and 17 July 2025) identified four critical areas of need: mental health and wellbeing, career development, respectful workplace culture, and clearer HR processes. In response, a focused set of actions were initiated. These include:

- o Strengthened wellbeing support through the engagement of a staff counsellor and physician
- o Leadership briefings on managing difficult conversations and fostering respect.
- o A new Workforce Transition section in iLearn, with targeted messaging and with easy access to webinars and recordings.
- o Increased opportunity for facilitated dialogues reinforcing respectful behaviours, inclusion and psychological safety.
- o Updated HR guidance, FAQs, and more transparent communications.

These actions were implemented collaboratively with business units, with progress monitored

and adjusted to ensure effectiveness and accountability.

Within WHO an Exit Interview (EIT) survey is conducted for each separation transaction submitted to GHR for administration. The resulting data is extracted every year and shared with all Regional HR and HQ HR managers. This provides ongoing insight into staff experience and cultural issues linked to retention and recruitment.

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 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 and ethnicities.

Implement policies for the prevention of discrimination and harassment, including special measures for prevention from sexual exploitation and sexual abuse, ethics office, abuse of authority, administration of justice, conflict resolution and protection against retaliation. Demonstrate adherence to all system-wide and agency/ organization- specific sexual harassment policies, including the CEB Model Policy adopted in November 2018, and the UN system's Model Code of Conduct. When investigations are called for, use the Investigators' Manual as a guide for consistent, effective and efficient investigations into sexual harassment complaints that puts victims/survivors at the centre of efforts to address sexual harassment in the UN system

In 2021, WHO launched an intense period of prevention and response towards sexual misconduct actions following the harrowing accounts of victims and survivors of SEA during the 10th Ebola outbreak in the Democratic Republic of Congo. This included an overhaul of the policy framework as follow: the policy on Preventing and Addressing Sexual Misconduct (PASM.) WHO uses the umbrella term of sexual misconduct to encompass sexual exploitation, abuse and sexual harassment and any other type of misconduct of a sexual nature by its own personnel and partners) was released in March 2023. The revised policy on Preventing and Addressing Abusive Conduct (PAAC), covering harassment (excluding sexual harassment), discrimination, and abuse of authority, was released on 20 June 2023, along with an updated Code of Ethics (July 2023) and an updated Policy on Protection from Retaliation (July 2023). The latter replaced the earlier Whistleblower Policy to make it consistent and aligned with the suite of other policies. The Joint Inspection Unit review on UN policies on sexual exploitation and abuse which was conducted in 2025 praised WHO's approach, particularly its work on policy and accountability frameworks, as well as victim/survivor-centred approaches. The rollout of the PASM was accompanied by a Strategy which includes a communication campaign and regular reminders to the workforce about their duties in preventing and addressing sexual misconduct. The PAAC also has its own communication plan. Background verification is emphasized through tools like Clear Check, a UN system-wide database for screening candidates, WHO has adopted and is rolling out Clear Check 2.0, in line with recommendations from CEB. The human resources department ensures the implementation of screening measures in all offices at the three-levels of the organization, with new approaches being explored to enhance verification and screening, also in line with the recommendations emerging from the JIU review. Vacancy notices emphasize WHO's zero-tolerance policy on misconduct, with rigorous reference and background checks for all candidates, guided by the WHO PRS Accountability Framework and internal SOPs. 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%). WHO has a differentiated set of investigators specialized in investigating allegations for fraud and corruption vs sexual misconduct, abusive conduct, and retaliation.

UN rules and regulations on ethical behaviour are enforced and personnel are required to complete the mandatory ethics training, with zero tolerance for discrimination, harassment, including sexual harassment and abuse of authority implemented

A new 'Preventing and Addressing Sexual Misconduct' global mandatory training will be launched in Q1 2026 (which will replace the current PSEA course) and a new 'I Know Gender' course was launched in 2025, to be made mandatory during 2026.

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 ensure the best and swift (in line with a victim/survivor-centred approach) outcomes for all parties involved and to ensure that resources are used in the most effective way, 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, the Regional Office for South-East Asia, the Regional Office for Europe, and the Global Service Center in Kuala Lumpur. Induction training 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 continue 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 2025.

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:

PI14 Protection from Sexual Abuse and Exploitation (PSEA) and Sexual Harassment (SH)

EXCEEDS

14ci. Entity-wide annual PSEA Action Plan based on an assessment of risks and incorporating a victim-centered approach, is developed, adequately resourced and more than 80% of actions implemented

WHO uses the umbrella term "sexual misconduct" to encompass sexual exploitation, abuse and sexual harassment as per UN definition, in addition to other type of misconduct of sexual nature, by its own personnel. WHO implemented its three-year strategy (2023-2025) in a systematic manner. We have now achieved an overall implementation rate of 79% over the past three years in terms of actions outlined in the strategy, despite last year's slow-down Globally, WHO invested about \$30m for safeguarding from sexual misconduct during the 2024-25 biennium. The Three-Years Strategy and the UN Entity-level PSEA Action Plan feed into each other and they are aligned. WHO contributes proactively to the UN-wide Action Plan and reports to the UN Secretary General through the Annual Management Letters. The two main approaches driving the Three-Year Strategy 2023-2025 were:

Risk-based approach

Victim/survivor centered approach.

Implementation has been designed to allow continuous advancement in these two approaches at entity-level. Lessons learned and best practices are regularly shared within the UN System, Implementing Partners and WHO's Member States through the WHO PRS Annual stakeholders conference, the latest of which was held in December 2025. A report on this conference will be published in early 2026.

14cii. Entity developed, disseminated, and implemented an entity-level protection sexual harassment measures using a victim-centred approach for their actions, in line with UN system standards and good practices

WHO assesses and mitigates sexual misconduct risk (i.e. SEA and SH risk) through a single, formalised risk assessment that covers all levels of the Organization. For this, a tool captures different risk factors related to the country of operation, WHO's operational footprint and setup, as well as WHO operations in community-facing and emergency/outbreak-response operations. Based on the concrete risks identified, mitigation measures are identified and integrated into operations and

workplans. With sexual misconduct identified as one of WHO's Principal Risks, adequate risk management review processes are conducted at Regional and HQ levels at quarterly intervals. An annual exercise of letters of representation is conducted involving all Directors, ADGs, Heads of Offices and Regional Directors reporting sexual misconduct risk mitigation measures and concerns to the Director General. The DG, in turn, submits his Annual Management Letter to the UN Secretary General. Allegations of SH are investigated by WHO's Internal Oversight Services (IOS) and statistics are updated on a quarterly basis.

14ciii. Report on the PSEA actions taken provided to entity's governing bodies and the Office of the Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA)

WHO reports routinely to its Governing Bodies. Prevention of and Response to Sexual Misconduct is a standing agenda item. In addition, WHO holds Quarterly Member States briefings and the supporting documents are published on public-facing website. WHO updates on a monthly basis the public-facing dashboard and disciplinary actions dashboard.

14civ. Report on the SH measures taken provided to the entity's governing bodies

WHO reports routinely to its Governing Bodies since Prevention of and Response to Sexual Misconduct is a standing agenda item. In addition, WHO holds Quarterly Member States briefings and the supporting documents are published on public-facing website. WHO updates on a monthly basis the public-facing dashboard and disciplinary actions dashboard.

14cv. Entity-level measures to prevent and respond to sexual harassment integrated into costed, time-bound action plan, personnel made aware of, and more than 80% of measures implemented

A timebound action plan was developed and monitored for implementation in alignment with the three-year strategy described under 14ci. The action plan was adequately resourced and carried out at the country level.

We have now achieved an overall implementation rate of 79% over the past three years in terms of actions outlined in the strategy.

14cvi. Entities report annually on sexual harassment measures taken to their governing bodies or equivalent, in accordance with applicable reporting requirements, if any. And information is shared publicly

WHO reports routinely to its Governing Bodies since Prevention of and Response to Sexual Misconduct is a standing agenda item. In addition, WHO holds Quarterly Member States briefings and the supporting documents are published on public-facing website. WHO updates on a monthly basis the public-facing dashboard and disciplinary actions dashboard.

14cvii. Entity has formalized the role of SH focal point or has dedicated SH capacity/function

WHO has over 400 country-level focal points working on sexual misconduct prevention, dedicating up to 100% of their time depending on the country office's risk level and exposure, as determined through the annual risk assessment and risk mitigation planning process.

14cviii. Document and share tools, good practices, and lessons learned on PSEA and SH to strengthen UN system organizational culture

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.

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI15 Equal Representation of Women

APPROACHING

15a. Plan in place to achieve the equal representation of women for all professional and higher staff levels

The Gender Parity Policy and Action Plan are valid for 2026 and stipulates concrete targets to achieve equal representation of women for general service staff and all professional levels. The major recruitment measures to achieve gender parity are explained as follows:

Senior managers are accountable for progress within their respective areas of responsibility, with gender parity considerations embedded in recruitment and talent management decisions.

Where recruitment exercises do not yield at least 30% women applicants, or where shortlists include fewer than two women, vacancies are reissued to accelerate progress in grades where parity is not yet achieved.

These remedial measures will remain operative until gender parity is demonstrably achieved in grades or categories where women continue to be underrepresented.

The mandatory inclusion of standardized diversity statements in staff vacancy notices reinforces the Organization’s commitment to equality and supports progress toward gender parity.

Sex-disaggregated workforce data is available on an ongoing basis, enabling timely monitoring of trends

Gender parity data by level

	Female	Male
P1	10	2
P2	130	98
P3	537	375
P4	630	756
P5	379	428
P6	30	51
D1	39	69
D2	14	37
ASG	6	6
USG	0	1

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



Performance Indicator:
PI16 Knowledge Management and Communication

MEETS

16bi. Transformative change in relation to gender equality and the empowerment of women promoted through entity’s communication channels and products

Despite the significant financial and human resource constraints, the WHO Department of Communications continued to work closely with UN agencies, partners and WHO technical teams at all three levels of the organization to develop communications activities and to disseminate guidance and recommendations on topics highlighting issues of gender equality and the empowerment of women. These topics included sexual and reproductive health rights, gender, equity and human rights and the elimination of violence against women. WHO’s technical departments provide advocacy communications and public health guidance which focus on health topics that are gender-specific or disproportionately affect women, men and/or gender diverse people. These topics include cervical cancer, maternal and perinatal health, reproductive health, women’s health, female genital mutilation and gender-based violence. Each of these health topics has a dedicated web page on the WHO web site which is updated regularly with the latest fact sheets, communications materials and technical documents. In 2025, the World Health Assembly adopted a resolution to designate 17 November as World Cervical Cancer Elimination Day and is the first official world health day dedicated to eliminating a cancer. This resolution is an example of a transformation

from advocacy to action. WHO disseminated advocacy materials, toolkits that supported moving from raising awareness to mobilizing communities and inspiring action. The Day builds on a global movement that began in 2020. Since then, communities, governments, and partners have united to expand access to HPV vaccination, high-performance screening, and treatment services — advancing women’s health, equity, and universal health coverage.

The department promoted gender equality and empowerment of women through various communications campaigns. Some specific examples include World Cervical Cancer Elimination Day, World Breastfeeding Week, and the 16 Days of Activism against Gender-Based Violence. The World Health Day 2025 theme was “Healthy Beginnings, Hopeful Futures”, focused on maternal and newborn health. World Health Day 2025 marked the launch of a year-long campaign urging governments to reduce preventable maternal and newborn deaths and improve women’s long-term health and well-being. Each of the communications campaigns included press releases, awareness-raising events, web stories, fact sheets, social media content, publications and multimedia content (please refer to supporting documents section of this report for links). Whenever possible the department strived to make these materials available in the Organization’s six official languages (and local languages as appropriate). The WHO Department of Communications actively screens communications products—including press releases, campaigns, social media content, and internal messaging—to ensure they align with principles of gender equality and women’s empowerment. This involves:

Reviewing language for inclusivity (avoiding stereotypes, using gender-neutral terms).

Checking visual materials for balanced representation and avoiding gendered stereotypes.

Applying updated WHO Brand Guidance, which includes specific recommendations on principles of gender equality and women’s empowerment in design and iconography (e.g., avoiding stereotypical silhouettes).

In 2025, WHO’s brand guidance was updated in collaboration with the WHO’s Department of Gender, Rights, Equity and Sexual Misconduct Prevention. This edition highlights gender-related recommendations and includes practical guidelines for users. Efforts were made throughout the year to ensure that online communications campaign materials conform to the Web Content Accessibility Guidelines (WCAG) of the World Wide Web Consortium Web Accessibility Initiative (W3C WAI) to support accessibility for persons with disabilities. As referenced in the UN Women report on the empowerment of women and girls with disabilities, women with disabilities face unique challenges that intersect with gender and disability discrimination. It is especially important that women and girls with disabilities are empowered by having access to information.

16 bii. Knowledge management system leveraged to share gender-related information and/or research internally and externally

WHO disseminated eight publications providing public health guidance focusing on women’s health issues. The Department of Communications conducted advocacy campaigns to raise awareness around the launch of these publications. The publications are all disseminated externally via the WHO website. The One WHO intranet internal communications team actively coordinates awareness-raising across the organization on topics highlighting issues of gender equality and the empowerment of women. The coordination takes place through weekly and monthly meetings and information is shared through the OneWHO intranet, internal events pages, and internal signage across WHO offices worldwide. Knowledge management within the WHO Department of Communications included a WHO Comms Hub SharePoint site where all campaign materials are stored and shared. Gender-related information shared through communications campaigns are stored in this collaborative space. This WHO Comms hub is accessible to over 370 colleagues across the organisation, and the materials shared there are used to disseminate key messaging (around gender, diversity and all other health topics) through WHO communication channels worldwide. WHO conducts training sessions on gender-responsive communication for staff involved in content creation. WHO Department of Communications training sessions held during 2025 included a section on gender equality and gender mainstreaming.

16biii. A gender perspective mainstreamed in high-level reports and/ or briefings as relevant, including UN Secretary-General reports as appropriate

The department promotes the WHO Director-General statements related to gender equality and women’s empowerment through media, web and social media channels.

The Department of Communications and the Evaluation Office published a joint 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 equity 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. The tools were also developed to reflect GEHR considerations where possible.

Engagement of participants for key informant interviews and focus group discussions: Participants were selected to ensure equitable representation of women and men, reflecting the range and diversity of partners involved with the campaigns, and the representation of marginalized groups.

On World Cervical Cancer Elimination Day 2025, researchers from IARC, WHO Academy and other WHO partners launched a new comprehensive learning programme on screening, diagnosis and management of cervical precancer. The Department of Communications actively raised awareness for this important new learning programme.

When requested by the Director General, the Department of Communications drafts video statements on health topics, and when doing so, a robust gender perspective is ensured.

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



Performance Indicator:
PI17 Inter-agency Engagement

EXCEEDS

17ci. Entity effectively mainstreamed a gender perspective into inter-agency coordination mechanisms

WHO was one of the principal contributors to the Intersectionality-informed Gender Analysis Toolkit, produced under the IANWGE framework.

WHO co-led with UNRISD and UN Women of the IANWGE Working Group on Beijing+30/CSW69 to advance contributions to the 69th Session of the Commission on the Status of Women and the Beijing+30 review process.

WHO has actively participated in related IANWGE collaborative outputs on gender architecture in the UN system.

WHO provides health-sector evidence and guidance on discrimination and violence affecting people based on SOGIESC through reports, policy guidance, and global health frameworks.

WHO contributes evidence and technical inputs to the Independent Expert's reports and dialogues, influencing broader UN task team work on protection from violence and gender based and other forms of discrimination.

As a coleader of the Generation Equality Action Coalition on Gender-based Violence, WHO produced and disseminated new global prevalence data, strengthening the evidence base for GBV prevention and intervention planning under the coalition's framework. Updated prevention frameworks and technical guidance further reinforce evidence based approaches that coalition partners are expected to implement as part of their commitments.

WHO is an active member of the Gender Equality Acceleration Plan (GEAP) Task Team in addition to membership in the

Steering Committee.

WHO also contributes to related mechanisms where gender perspectives are integral such as UN Inequalities Task Team of the High-Level Committee on Programmes (HLCP), Inter-Agency Support Group on Indigenous Peoples, including substantive contributions to indicators for monitoring progress under the UN-SWAP on Indigenous Peoples, Action Against Racial Discrimination (UN Network on Racial Discrimination and Protection of Minorities), Inter-Agency Group on the Secretary-General's Call to Action on Human Rights, High-Level Management Committee (HLMC) Working Group on Diversity, Equity and Inclusion (DEI) and the HLMC DEI Subgroup on Disability Inclusion, World Bank–UN Agency DEI Network (Ubuntu) and Worked with UNDESA for the health chapter of this report.

17cii. Entity undertakes an UN-SWAP peer review process at least once every 4 years

Building on a previous peer review experience with ILO in 2020, In 2025, WHO started a new peer review process with UNESCO, comparing the strengths and weaknesses of both organisations' performance indicators of UNSWAP 3.0. Based on the first analysis, the two organisations have found shared strengths, as well as unique areas of expertise where each can support the other. This process is ongoing and is expected to conclude in 2026.

17ciii. Agreed upon recommendations from the UN-SWAP peer review process implemented

The agreed recommendations, especially regarding the inclusion of high-level transformative results and its reporting in the strategic planning document under performance indicator 1 and 2 is implemented in ILO and WHO.

17civ. Entity 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 2025, WHO collaborated closely with United Nations and humanitarian partners and contributed to addressing system-wide challenges and gaps. WHO continued to co-lead together with World Vision International the 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 for sexual misconduct. Since April 2025, the workstream has been paused while organizations are responding to the current funding matters in the aid sector.

WHO co-funded the delivery of the revised training for protection from sexual exploitation and abuse coordinators deployed by the Inter-Agency Standing Committee led by IOM also in 2025 and targeting national staff covering Inter-Agency coordinator roles..

WHO hosted a meeting of United Nations and humanitarian investigators on integrating a stronger victim- and survivor-centred approach in a harmonized way in 2024, as a starting point for the development of the IASC investigators' manual "a victim-centred approach to investigation of sexual exploitation and abuse complaints" that was published in February 2025.

WHO convened a global consultation on creating an evidence base to further improve sexual misconduct prevention and response efforts in 2024, as a result, WHO is currently working with partners for the development of guidance, including by mapping the available evidence through a systematic review. WHO continued to serve on the United Nations Executive Group to Prevent and Respond to Sexual Harassment in the United Nations System and shared best practices for the introduction and roll out of ClearCheck 2.0 launched in 2025 with sister agencies. 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.

WHO participated proactively in the meetings convened by OVRA to understand how the different UN support systems for survivors/victims are rolled out. WHO brought its expertise on the set up and modality of use of the Survivor Assistance Fund for victims/survivors of sexual misconduct by WHO workforce.

As per usual practice, WHO has hosted and organized the third edition of the WHO PRS Stakeholders Conference which aims to bring together all UN and partners, including Government entities, to take stock of the progress and to identify priority actions for the year to come. The reports of the previous conferences are available at the following links (the one for 2025 is

currently under development): Prevention and response to sexual misconduct: WHO stakeholder review conference 2023 and Prevention and response to sexual misconduct: WHO second Stakeholder Review Conference 2024

The name of the top UN entity your organization collaborated with the most in the past year:

UNESCO

The name of the second UN entity your organization collaborated with the most in the past year:

UN WOMEN

The name of the third UN entity your organization collaborated with the most in the past year:

UNFPA through HRP and GEF

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



Performance Indicator:
PI18 Stakeholder Engagement

EXCEEDS

18ci. Entity programming and/or inter-governmental processes are informed by organization/s or associations that promote gender equality and/or the rights and empowerment of women and girls

The World Health Organization (WHO) actively engages with women's organisations and women-led civil society actors through formal partnerships, consultative mechanisms, and collaborative initiatives that advance gender equality, women's health, and leadership in global health.

WHO has established a fully functioning Civil Society Commission at global level.

The Framework for Engagement with Non-State Actors provides structured spaces for women-focused NGOs, to submit formal statements, participate in policy consultations, and shape global health agendas at events such as the World Health Assembly.

Women Deliver and Women in Global Health are in official relations with WHO and advocate systematically at global forums including the World Health Assembly. Women in Global Health submitted a formal statement at the 78th World Health Assembly (WHA) underscoring gender equality in health systems.

WHO also collaborates with International Confederation of Midwives (ICM) and the International Federation of Gynaecology and Obstetrics (FIGO) on programmes to improve access to quality sexual and reproductive health services, amplifying the voices and autonomy of women health professionals and communities

International Planned Parenthood Federation (IPPF) is a large global federation focused on sexual and reproductive health and rights (SRHR) with women's empowerment at the core of its mission. IPPF is actively engaged with WHO (especially through its engagement with the Human Reproduction Programme - HRP) and participates as a non-State actor

The Medical Women's International Association (MWIA) is an international organisation in official relations with WHO. It represents women physicians and promotes women's health and gender equality in medicine. It engages with WHO's technical, advisory, or programmatic processes

18cii. Entity regularly engages 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

Across WHO, meaningful participation of women's and girls' organizations is advanced through systematic, sustained, and multi-level engagement. WHO regularly partners with women-led, feminist, and civil-society organizations across regions and global platforms to ensure that gender-equality actors actively shape health policy, programming, and implementation. This engagement is deliberate and structured, ranging from community-level co-creation to global advocacy spaces, and is aligned with WHO's commitments made at international forums such as the Generation Equality Forum, where WHO pledged to support feminist movements, strengthen women's leadership, and foster inclusive participation of women's rights defenders and organizations in health-related decision-making.

At the country level, WHO embeds collaboration with women's organizations into program design and service delivery. In the South-East Asia Region, country offices in Bangladesh and Nepal partnered with women's organizations to strengthen services for survivors of violence. In India, WHO conducted a national mapping of women champions working on gender and disability, while also delivering capacity-building for women-led organizations and civil-society groups, creating a pipeline of local gender and health advocates who continue to shape national and local health agendas.

In the African Region, WHO facilitated consultations and policy dialogues across 33 countries, ensuring women's organizations had a consistent presence in key deliberations. These groups were included in WHO-supported capacity-building initiatives, strengthening their technical and advocacy capacities. In the Democratic Republic of the Congo, WHO's partnership with the women-led *Dynamique des Femmes Juristes* enabled the provision of critical legal and psychosocial support during the 10th Ebola response, demonstrating how women's rights organizations play essential roles in emergency contexts. WHO also worked with women's groups in Vanuatu, engaging them in school health initiatives and supporting their participation in shaping community-level health improvements.

In the European Region, WHO jointly developed the Special Initiative on Violence Against Women and Girls (VAWG) with women's organizations, who also co-moderated the launch of the *Care, Courage, Change* report. This process resulted in a joint WHO–civil society statement, illustrating how co-creation is embedded into regional normative and policy work.

In the Region of the Americas, WHO strengthened its partnerships with women-led organizations through formal agreements, including memoranda of understanding with ProMujer and PAI. WHO additionally contributed to the Inter-American Task Force on Women's Leadership, amplifying regional cooperation to support women's leadership in health and beyond.

At the global level, WHO invests in platforms that elevate civil-society voices, especially those of women and girls. WHO co-organized a flagship event at CSW69, titled "No gender equality without women's health: Centering the health of women and girls 30 years after Beijing." This event, held in partnership with UN Women, featured participation from the CEDAW Committee, the World Economic Forum, the WHO Youth Council, and grassroots women's organizations, ensuring cross-generational feminist engagement in global health debates.

During 2025, WHO also participated actively in the Innovation Equity Forum (IEF), led by the Gates Foundation and supported by UN Women. The Forum convened nearly 250 experts from over 50 countries, including numerous women-led civil-society and private-sector organizations. Its work provided a strategic roadmap for advancing women's health, identifying high-impact, scalable opportunities to accelerate health equity. WHO's engagement ensured feminist actors and gender-equality advocates contributed substantively to priority-setting for women's health innovation.

In addition, WHO plays a central role within the Gender Equality Acceleration Plan (GEAP) Task Team and Steering Group,

where it has contributed to shaping the political engagement strategy, which includes a strong emphasis on protecting and supporting women human rights defenders and ensuring that gender-equality organizations have access to political processes that affect their rights and safety.

Beyond these formal platforms, WHO regularly creates spaces for grassroots, youth-led, and intergenerational feminist groups to participate meaningfully in global health dialogues. These include interactive forums, intergenerational dialogues, and global observances such as International Women’s Day and the 16 Days of Activism Against Gender-Based Violence, where WHO ensures that frontline women’s rights organizations, not only global NGOs, are visible, heard, and able to shape global narratives and commitments.

Through partnerships, co-creation processes, structured consultations, capacity-strengthening, and leadership platforms, WHO actively works to ensure that women’s rights organizations and gender-equality advocates have the space, resources, and influence necessary to shape health policy and implementation.

Option 1 18ciii. Entity contributes to enabling economic opportunities for women and girls and/or supporting access to financing

Promoting economic opportunities for women 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.


Option 2 18civ. Entity builds and maintains strategic partnerships with the private sector and/or philanthropy for advancing gender equality and the empowerment of women and girls

WHO’s gender equality and women’s empowerment efforts were strengthened through the dedicated support of nine key philanthropic and foundation partners whose grants explicitly prioritize gender equality and women’s empowerment. These include the Gates Foundation, whose investments advance evidence based action on women’s health and address gender barriers across programmes. Similarly, a partnership with L’Oréal aims to improve global skin health by expanding access to care, particularly in low- and middle-income countries, and supporting early detection and treatment of both common skin conditions and skin-related neglected tropical diseases (NTDs) such as leprosy and yaws and produce sex disaggregated data.


For exceeding requirements, please select whether your entity fulfills one or both of the following requirements:


- 18civ. Entity builds and maintains strategic partnerships with the private sector and/or philanthropy for advancing gender equality and the empowerment of women and girls


VII. World Health Organization ACTION PLAN 2025

 <p>PI1 Strategic Planning Gender-Related SDG Results</p> <p>EXCEEDS</p>	<p>Action Plan</p>	<p>Disseminate the methodological approach and significance of Member State adoption of the GPW “Gender equality advanced in and through health” outcome indicator within WHO at three levels (global, regional and national) and with wider public health actors to support prioritisation of achieving results, and monitor its implementation. Consolidate and document the intersectional gender analysis underpinning GPW 14 in a stand-alone note, including use of sex-disaggregated data and attention to age, disability, geography and socioeconomic factors. Strengthen explicit budget tagging and gender marker application in the Programme Budget and PRP, with clear linkage to the high-level gender result. Work with outcome/output indicator leads to support and ensure that all relevant GPW14 outcome and output</p>
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		indicators are sex-disaggregated and/or explicitly track gender gaps where feasible, and close remaining gaps identified in the indicators Excel. Develop an internal guidance note for WHO planning teams in all Departments/Offices on integrating intersectional gender analysis and transformative gender results into future planning cycles (including post-2028 planning).
	Responsible For follow up	Lead: Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) Department. Co-leads: Department of Data, Digital Health, Analytics and AI; Planning, Budget and Results / PRP; relevant technical departments leading women's health, SRHR and cervical cancer elimination; country and regional offices. Governance link: GPW14 Steering Committee / internal results and performance management mechanisms, reporting to senior management and governing bodies (e.g. PBAC).
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Since WHO already exceeds this indicator, efforts will be focussed on maintaining progress to date and ensuring their full and sustained implementation. May 2026: Develop an internal guidance note for WHO planning teams on integrating intersectional gender analysis and transformative gender results into future planning cycles (including post-2028 planning). June 2026: Consolidate and document the intersectional gender analysis underpinning GPW 14 in a stand-alone note, including use of sex-disaggregated data and attention to age, disability, geography and socioeconomic factors. July 2026: Systematically ensure that reporting on all relevant GPW14 outcome and output indicators (including on the outcome indicator on gender equality) is sex-disaggregated and/or explicitly track gender gaps where feasible, and close remaining gaps identified in the indicators Excel. Oct 2026: Strengthen explicit budget tagging and gender marker application in the Programme Budget and PRP, with clear linkage to the high-level gender result.


 <p>PI2 Reporting and Use of Data on Gender-related SDG results</p> <p>MEETS</p>	Action Plan	Strengthen formal written guidance on intersectional and gender-responsive SDG reporting across WHO, consolidating instructions into a unified guidance note. Increase systematic tagging and documentation of sex-disaggregated data across all GPW14 indicators. Enhance integration of gender analysis into WHO's corporate performance dashboards and reporting systems.
	Responsible For follow up	Lead: Data & Analytics Co-leads: PRP (Planning, Budget and Results), Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) Department, and Regional Offices Governance linkage: reporting to PBAC, EB and WHA through established performance processes
	Resources Required	0
	Use of Funds	The available resources will be utilised for the implementation of the action plan.
	Timeline	May 2026: Systematic tagging and documentation of sex-disaggregated data across all GPW14 indicators. June 2026: Formal written guidance on intersectional and gender-responsive SDG reporting across WHO, consolidating instructions into a unified guidance note. Dec 2026: WHO's corporate performance dashboards and reporting systems integrate gender analysis.



 <p>PI3 Achievement of Gender-related SDG results</p> <p>EXCEEDS</p>	Action Plan	Strengthen documentation and monitoring of gender-related results achieved through major joint programmes. Promote expanded use of sex-disaggregated and intersectional data. Provide resources for monitoring reporting on gender equality in and through health indicators Enhance coordination between WHO HQ, regional and country offices on tracking progress towards women’s health outcomes and gender equality. Improve visibility and communication of gender-related achievements in WHA, EB and PBAC reporting cycles.
	Responsible For follow up	Lead: Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) Co-leads: Technical departments for SRHR, NCDs, maternal and newborn health; Data & Analytics; Digital Health; Emergencies; PRP for results reporting.
	Resources Required	0
	Use of Funds	Existing resources will be utilised for implementing the action plan
	Timeline	March 26: Priorities and products agreed for WHO women’s health coordination group for tracking progress towards women’s health outcomes and gender equality April 26: Publication of module of Gender Mainstreaming toolkit on use of SAGER guidelines June 26: Online compendium of gender equality and health indicators published July 2026: Evidence consolidated from reporting to governing bodies (WHA, EB, PBAC) to better track and coordinate reporting on achieved and on-track gender-related results Dec 26: Increased online visibility on WHO website / in advocacy events of major gender-related / women’s health initiatives and joint programmes in which WHO participates, including gender related reports achieved.



 <p>PI4 Evaluation</p> <p>EXCEEDS</p>	Action Plan	Institutionalize UNEG Guidance on Integrating Human Rights and Gender Equality (HRGE) across all WHO evaluations, starting with the centralized ones. The aim is to ensure that every evaluation explicitly references and applies the guidance throughout planning, implementation, analysis, and reporting. This begins with an immediate update to the WHO Evaluation Policy and core templates so. Update Terms of Reference templates to require evaluators to demonstrate how they will apply the guidance across all evaluation phases, supported by a standardized checklist mapping evaluation tasks to sections of the 2024 guidance. Draft an implementation plan to implement the WHO Evaluation Policy to mandate use of the 2024 UNEG HRGE Guidance. Develop a standardized checklist linking each evaluation activity to relevant components of the 2024 HRGE Guidance. Develop online HRGE learning modules for evaluation teams, technical units, and country offices. Deliver mandatory HRGE workshops for evaluation managers and commissioners to ensure adequate institutional capacity. This will include workshops for evaluation managers and commissioners, online learning modules accessible to evaluation teams and country offices, and the creation of a roster of HRGE specialists to provide technical support during evaluation design and implementation. Strengthen quality assurance systems to reinforce the consistent application of the 2024 guidance. All inception reports will need to include explicit HRGE integration plans. Draft reports will undergo peer review against structured HRGE criteria before finalization, and compliance with the guidance will become a formal requirement in selecting evaluation contractors and assessing their performance. Together, these actions build a consistent, enforceable approach to ensuring HRGE is systematically integrated into all WHO evaluations in alignment with the newly updated UNEG standards.
	Responsible For follow up	Evaluation Office



	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: Institutionalize UNEG Guidance on Integrating Human Rights and Gender Equality (HRGE) across all WHO evaluations June 2026: Update Terms of Reference templates May 2026: Draft an implementation plan to implement the WHO Evaluation Policy to mandate use of the 2024 UNEG HRGE Guidance. June 2026: Standardized checklist linking each evaluation activity to relevant components of the 2024 HRGE Guidance. Dec 2026: Online HRGE learning modules for evaluation Dec 2026: HRGE workshops for evaluation managers and commissioners



 <p>P15 Audit</p> <p>EXCEEDS</p>	Action Plan	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 across the three level of the Organization. Engage Gender, Rights, Equity and Sexual Misconduct Prevention 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 2025 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 three year rolling work plan for 2026-2028.
	Responsible For follow up	IOS audit unit, with support from HQ/ Gender, Rights, Equity and Sexual Misconduct Prevention Department.
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: 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. Jan-Dec 2026: Continue performing specific gender-related audit tests as part of audits of all budget centres across the three level of the Organization. April, July, Oct, Dec 2026: Engage Gender, Rights, Equity and Sexual Misconduct Prevention department in periodic review and update of the audit methodology related to gender equality and the empowerment of women. May 2026: Include relevant gender equality and the empowerment of women findings identified during 2025 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. Oct 2026: Include a targeted audit engagement related to gender equality and the empowerment of women in the audit three year rolling work plan for 2026-2028.

	Action Plan	An enhanced coordination mechanism between different teams at headquarters and regional levels for harmonization of approaches and initiatives on gender equality in and through health
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 P16 Policy 	Responsible For follow up	Gender, Rights, Equity. and Sexual Misconduct Prevention Department
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: Regular meetings of the common WHO platform for initiatives on gender equality and women's health have been held throughout the year

 P17 Leadership 	Action Plan	Follow-up on GPW 14 gender commitments and the GEAP implementation in line with the DG's message to all WHO staff
	Responsible For follow up	Department for Gender, Rights, Equity and Sexual Misconduct Prevention
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: Stock-taking on actions taken and actions still needed Dec 2026: Recognition of WHO leaders supporting concrete actions/work on gender equality in and through health.


 P18 Gender-responsive performance management 	Action Plan	To conduct a comprehensive review of the performance evaluation system in order to improve it in line with best practices in the UN system and the private sector.
	Responsible For follow up	Human Resource and Talent Management Department
	Resources Required	0
	Use of Funds	The existing resources will be utilised for the implementation of the action plan
	Timeline	Dec 2026: A review of initial findings regarding the performance evaluation system has been completed.


 P19 Gender Equality Marker 	Action Plan	In line with future reporting requirements, WHO will continuously aim to report quality-assure financial information to the UN CEB. To meet this commitment, the following action plan will be implemented: Strengthen Capacity Building: (i) Training - A video tutorial on the 'application of 'Gender Marker' to be disseminated widely through emails which provide a quick guidance; and (ii) Regional Focal Points - Ensure that GRE focal points have the capacity to act as GEM champions in each region to provide localized support and monitor compliance. Intensify Quality Assurance: Regular Reviews: Incorporate GEM compliance checks into six-monthly workplan reviews. Validation Protocols: require documented justification for GEMO scores during operational planning. Increase Support Mechanisms: (i) Organization-Wide Clinics: (ii) Provide ad-hoc support in the implementation phase of the marker; and (iii) Peer Learning: Facilitate knowledge-sharing
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	<p>sessions where offices present best practices and challenges. Strengthen Accountability: (i) Reporting Dashboards - Continue with real-time dashboards to track GEM application across offices and budget sources and (ii) Feedback Loops: Collect user feedback on guidance and tools to inform continuous improvement.</p>
Responsible For follow up	<p>The Planning, Resource Coordination and Performance Monitoring Department (PRP) in collaboration with the WHO Department of Gender, Rights, Equity and Sexual Misconduct Prevention (GEM) . GEM is responsible for the development of guidance and providing technical support. PRP includes the technical requirements in the design of their processes and overall guidance, including ensuring that ERP system includes functionality in order to tag the products/services and that BI Dashboard with the GEM data is available to facilitate monitoring and accountability.</p>
Resources Required	75000
Use of Funds	The existing resources will be utilized for the implementation of the action plan.
Timeline	<p>WHO is on track to exceed this indicator in 2026, with quality-assured GEM financial data scheduled for reporting to the UN CEB in Q2 of 2026. While the ERP integration is complete at this stage, as of 2026, WHO has transitioned to a new Programme Management system that includes the GEM code as a mandatory planning classification. This system is designed to enable more streamlined and strategic planning, thereby facilitating effective programme implementation. Work to further improve data quality is a longer-term effort that will continue throughout the next biennium using the new system.</p> <p>Capacity Building for GEM Quality Assurance (9cii) Milestone: Train regional focal points as champions for ensuring application of ‘Gender Marker’ (Q2 2026) Guidance & Validation Protocols (9cii) Milestone: Quality Assurance Reviews (9cii) Milestone: Integrate GEM compliance checks into six-monthly workplan reviews (Ongoing throughout the biennium 2026-27) Reporting & Accountability (9ciii) Milestone: Re-launch real-time dashboards for GEM application tracking and Produce first quality-assured GEM financial report for CEB/governing bodies (Q2 2026: GEM data reported to UN CEB)</p>


 <p>PI10 Financial Targets</p> <p>APPROACHING</p>	Action Plan	<p>WHO is on track to meet this indicator in 2027: implementing the following action plan: First report for UN CEB: Deliver a financial report for the financial year 2025 ensuring alignment with UN SWAP 3.0 standards (Q2 2026,) and establish a transitional baseline using the 2024-25 data. GEM and PRP departments to – 10bi review and monitor the implementation of GEM in operational plans for 2026-27 and the progress towards the targets (ongoing throughout the biennium 2026-27). Support all departments to provide 10bii written justification for all products and services tagged as GEM0 in their operational plans for 2026-27, this aims to strengthen accountability and ensure that GEM0 is applied only when gender considerations are genuinely absent (Q2 2026). Prepare narrative reporting and include in the WHO results report and other reports as appropriate, linking funding to specific gender-related results (Q2 2027)</p>
	Responsible For follow up	<p>The GEM and PRP departments will improve the guidance and requirements for the application, monitoring of the implementation, review and reporting of the GEM. The PRP department with the support of the Department of Finance (FNM) will produce expenditure data and develop a transitional baseline and report to the UN CEB.</p>


	Resources Required	75000
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Q2 2026: Report to Chief Executives Board for Coordination (CEB) VII UN data standard using 2024-25 financial data. Q3: Internal learning and development: compile and present Gender Marker-tagged expenditure data to establish a baseline for GEAP benchmark, compile and analyze GEMO justifications to be used for continuous learning and improvement Q2 2027: Develop and submit financial and narrative reports linking funding to gender-related results, including justification for GEMO activities, and deliver quality-assured data for UN CEB reporting aligned with UN SWAP 3.0 standards (Indicator 10bii).


 <p>PI11 Gender Architecture</p> <p>MEETS</p>	Action Plan	A systematic resource mobilisation effort will be undertaken to ensure the GRE road map is fully implemented as per its stipulated timelines. The gender mainstreaming toolkit will be finalised and made available to all GRE Focal Points for its operationalisation at the regional and country level.
	Responsible For follow up	Gender Rights, Equity and Sexual Misconduct Prevention Department
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: Resource mobilised Dec 2026: Key technical modules of the gender toolkit launched

 <p>PI12 Capacity Development</p> <p>APPROACHING</p>	Action Plan	Collaboration with the WHO Academy to develop and roll out training to strengthen capacity to implement the gender mainstreaming toolkit guidance. Use of the gender mainstreaming toolkit and the checklist for reviewing national Health Policies, Strategies and Plans (NHPPs) with a gender, equity and rights lens to support gender mainstreaming in tracer countries for the related GPW output indicators Update of the capacity development plan following the merger of the department with sexual misconduct prevention functions and following significant WHO restructuring in 2025.
	Responsible For follow up	Gender Rights, Equity and Sexual Misconduct Prevention Department will follow up with the WHO Academy.
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: An updated/new capacity building plan


 <p>PI13 Organizational culture</p> <p>APPROACHING</p>	Action Plan	Establish the mechanism for governing the implementation of the new Organisational Culture Change Strategy Design a methodology for a power analysis or its equivalent
	Responsible For follow up	HRT and GEM Departments
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Q2 2026 – Mechanism established for governing the implementation of the new Organizational Culture Change Strategy Q4 2026 – A methodology for a power analysis or its equivalent is designed.

 <p>PI14 Protection from Sexual Abuse and Exploitation (PSEA) and Sexual Harassment (SH)</p> <p>EXCEEDS</p>	Action Plan	The adaptation of measures for safeguarding operations from sexual misconduct to local contexts (localization) will be prioritised in 2026. This will involve the introduction of further safeguards for collaboration with government partners, implementing partners, and vendors. The voluntary accountability framework for sexual misconduct prevention in joint WHO-Member State Operations will continue to be promoted through work at regional level. The PRS and GEM networks will be merged, and their activities be aligned to capitalise on synergies that haven't been used so far. Finalization of WHO's PRS strategy for 2026-2029 Development of annual PRS action plans
	Responsible For follow up	Gender, Rights, Equity and Sexual Misconduct Prevention Department.
	Resources Required	0
	Use of Funds	Existing resources will be utilised for the implementation of the action plan.
	Timeline	Q3 2026: WHO's PRS strategy for 2026-2029 Q2 2026: Annual action plans will be made available on WHO's website.


 <p>PI15 Equal Representation of Women</p> <p>APPROACHING</p>	Action Plan	Update gender parity action plan and continue striving for gender parity.
	Responsible For follow up	Human Resource and Talent Management Department
	Resources Required	0
	Use of Funds	Existing resources would be utilised for the implementation of the action plan.
	Timeline	December 2026: Updated gender parity action plan

	Action Plan	The design and implementation of the WHO Communications Strategy (including outcomes and outputs for 2026) continue to include gender considerations and gender responsive language in WHO communications.
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<p>PI16</p> <p>Knowledge Management and Communication</p> <p>MEETS</p>		<p>The different realities and needs of women, men and other diverse groups will inform the development and delivery of the strategy. 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 2026. Integrate discussions on gender considerations and gender responsive language during at least three communications meetings in 2026 including communications town hall and regional and country office communications focal points meetings. 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. The Department of Communications is committed to continue collaborating with Department of Gender, Rights, Equity and Sexual Misconduct Prevention to ensure gender mainstreaming efforts continue throughout 2026.</p>
	Responsible For follow up	<p>The Department of Communications, the Department of Gender, Rights, Equity and Sexual Misconduct Prevention, 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-responsive language and gender considerations in its work with technical departments.</p>
	Resources Required	<p>50000</p>
	Use of Funds	<p>These activities are for 2026 and are included within the Department of Communications workplan.</p>
	Timeline	<p>Dec 2026: The design and implementation of the WHO Communications Strategy Dec 2026: Support extended by GEM to the Regional counter parts of Department of Communications (DCO), to include gender considerations in their individual communications plans Dec 2026: Three communications meetings in 2026 including communications town hall and regional and country office communications focal points meetings. June 2026: Gender-Responsive Communications recommendations adated and included in DCO TORs March 2026: Inclusion of gender into the materials and trainings issued by Quality Assurance of Norms and Standards Department April 2026: Gender equality and human rights considerations included in DCO monitoring and evaluation activities.</p>

<p></p> <p>PI17</p> <p>Interagency Engagement</p> <p>EXCEEDS</p>	Action Plan	<p>Peer review with UNESCO to mutually support each other on advancing the agenda of gender equality and women’s empowerment. Shared lessons-learned on the set up and roll out of the WHO Survivors Assistance Fund for victims-survivors of sexual misconduct by WHO workforce and agreed on joint actions under the leadership of OVRA with other UN agencies in DRC as a pilot.</p>
	Responsible For follow up	<p>Department for Gender, Rights, Equity and Sexual Misconduct Prevention</p>


	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Dec 2026: Peer review fully implemented between WHO and UNESCO


 <p>PI18 Stakeholder Engagement</p> <p>EXCEEDS</p>	Action Plan	Engagement with the WHO Civil Society Commission and the WHO Youth Council to inform future WHO actions in line with the GEAP and UNSWAP requirements.
	Responsible For follow up	Department of Gender, Rights, Equity and Sexual Misconduct Prevention
	Resources Required	0
	Use of Funds	The existing resources will be utilized for the implementation of the action plan.
	Timeline	Q4 2026 clear plan for stakeholder engagement discussed internally and in coordination with the WHO Civil Society Commission and WHO Youth Council

VIII. SUPPORTING DOCUMENTATION

 <p>PI1 Strategic Planning Gender-related SDG results</p> <p>GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT</p> <p>EXCEEDS</p>	
Category	Documents
Intersectional Gender Analysis	Intersectional Analysis
Strategic Plan/Strategic Framework or equivalent	GPW14
Intersectional Gender Analysis	Guidance Note Intersectional Analysis
Demonstration of adequate resource allocation	Programme Budget
Demonstration of adequate resource allocation	Investment Case
Sample gender-sensitive or	Outcome Indicators

responsive indicators	
Demonstration of adequate resource allocation	Budget to PBAC
Sample gender-sensitive or responsive indicators	Meta Data File

 PI2 Reporting and Use of Data on Gender-related SDG results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
MEETS	
Category	Documents
Report to the Governing Body on the entity strategic plan using systematic sex-disaggregated data	Independent Expert Advisory
Other	Results Report
Other	Meta Data File
Other	Output Indicators
Other	Health Inequality Monitoring
Other	Family Planning Accelerator
Other	Cervical Cancer

 PI3 Achievement of Gender-related SDG results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT	
EXCEEDS	
Category	Documents
Other	World Health Statistics
Other	Cervical Cancer



PI4 Evaluation

GENDER-RELATED SDG RESULTS / OVERSIGHT

EXCEEDS

Category	Documents
Completed UN-SWAP Evaluation Scorecards	Calculation Tool
Other	Update in EB



PI5 Audit

GENDER-RELATED SDG RESULTS / OVERSIGHT

EXCEEDS

Category	Documents
Annual audit reports	Audit Report
Other	GRE Evaluation
Tools used for auditing GEEW-related issues	Tools
Other	Synthesis
Other	Organigram




PI6 Policy


INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

EXCEEDS

Category	Documents
Gender Policy/Strategy or Equivalent	GRE Road Map
Governing Body report	PBAC
Other Gender-related policies	SAGER
Gender Policy/Strategy or Equivalent	WHE Gender Strategy


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 PI7 Leadership INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
EXCEEDS	
Category	Documents
All-staff emails from senior management	DG Message GEAP
Other	Screenshot
Other	Coordination for Women's Health
Other	Weblinks
Other	Event Statement
Other	Concept Note CSW
Other	TORs Coordination Mechanism

 PI8 Gender-responsive Performance Management INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
APPROACHING	
Category	Documents
Other	Dashboard
Entity competency framework	Global Competency Framework
Job Descriptions/ Terms of Reference	Position Description
Questions in interviews, written assessments, reference checks	Interview Questions
Questions in interviews, written assessments, reference checks	Reference Request
Other	Clear Check
Other	Head of Office

Other	Director

 PI9 Gender Equality Marker INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Other	Screenshot
Other	Closure Time Table
Gender Marker guidelines	Guidelines
Gender Marker guidelines	Operational Guidelines
Other	GRE Road Map
Gender Marker guidelines	Checklist

 PI10 Financial Targets INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Other	Screenshot
Evidence demonstrating that a financial target is set (GEM 3/2B) / (GEM 2/2A)	Financial Target

 PI11 Gender Architecture INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
List of GFPs, GFP activities and achievements of	GFP

respective gender-related work plans	
Gender Focal Point TORs	TORs GFP
Learning courses, programs, events, webinars to gender focal points	Gender Training
Organizational chart	Org Chart
Documents that demonstrate effective use of gender roster	Senior Leadership Communication
Documents that demonstrate effective use of gender roster	GRED Onboarding



PI12 Capacity Development

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

APPROACHING

Category	Documents
Capacity assessment survey and outcome	Capacity Assessment
Costed entity-wide capacity development plan	Capacity Development
Tracking / monitoring data	Weblinks
Other	Capacity Dev
Mandatory gender-related training for all staff	I know Gender
Costed entity-wide capacity development plan	Costed Capacity Dev Plan Page 16-17



PI13 Organizational Culture

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

APPROACHING

Category	Documents
Other	Weblinks
Policy documents	Policy
Policy documents	Flexible
Other	Respectable



PI14 Protection from Sexual Abuse and Exploitation (PSEA) and Sexual Harassment (SH)

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY

EXCEEDS

Category	Documents
Other	Org Culture
Other	Stakeholder Conference
Other	Weblinks
Other	Information Note
Other	Admin Note
Other	Misconduct
Other	URLs




PI15 Equal Representation of Women


INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY


APPROACHING

Category	Documents
Entity-specific Gender Parity Strategy and/or Implementation Plan	Action Plan
Entity-specific Gender Parity Strategy and/or	Policy

Implementation Plan	

 PI16 Knowledge Management and Communication INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE	
MEETS	
Category	Documents
Lessons learnt/best practices documents	Lessons
Screenshots of intranet or website with URL references	Links
Other	Guidance

 PI17 Inter-agency Engagement INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE	
EXCEEDS	
Category	Documents
Other	Weblinks
Documents that demonstrate gender mainstreaming in inter-agency coordination mechanisms	GEAP

 PI18 Stakeholder Engagement INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / KNOWLEDGE, COMMUNICATION AND COHERENCE	
EXCEEDS	

Category	Documents
Other	Weblinks
Other	Women Org

UN-SWAP 3.0

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

FOR MORE INFORMATION ON THE UN-SWAP

PLEASE VISIT

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

UNITED NATIONS SYSTEM COORDINATION DIVISION, UN WOMEN

UNSWAP.Helpdesk@unwomen.org

