

World Health Organization

WHO

2023 UN-SWAP 2.0

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

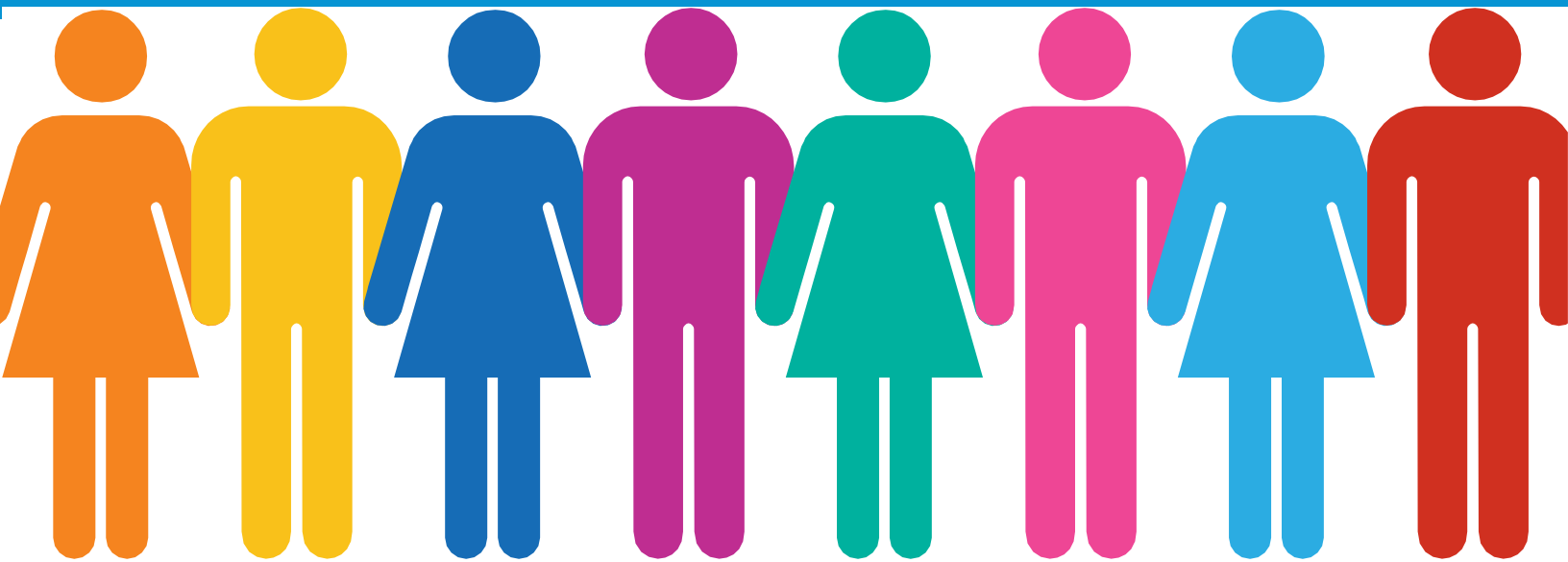


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I. BACKGROUND

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

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

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

II. UN-SWAP 2.0 ACCOUNTABILITY FRAMEWORK REPORT COMPONENTS

Indicator Rating and explanation

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

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

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

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

Action Plans

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

Supporting evidence and knowledge hub

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

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

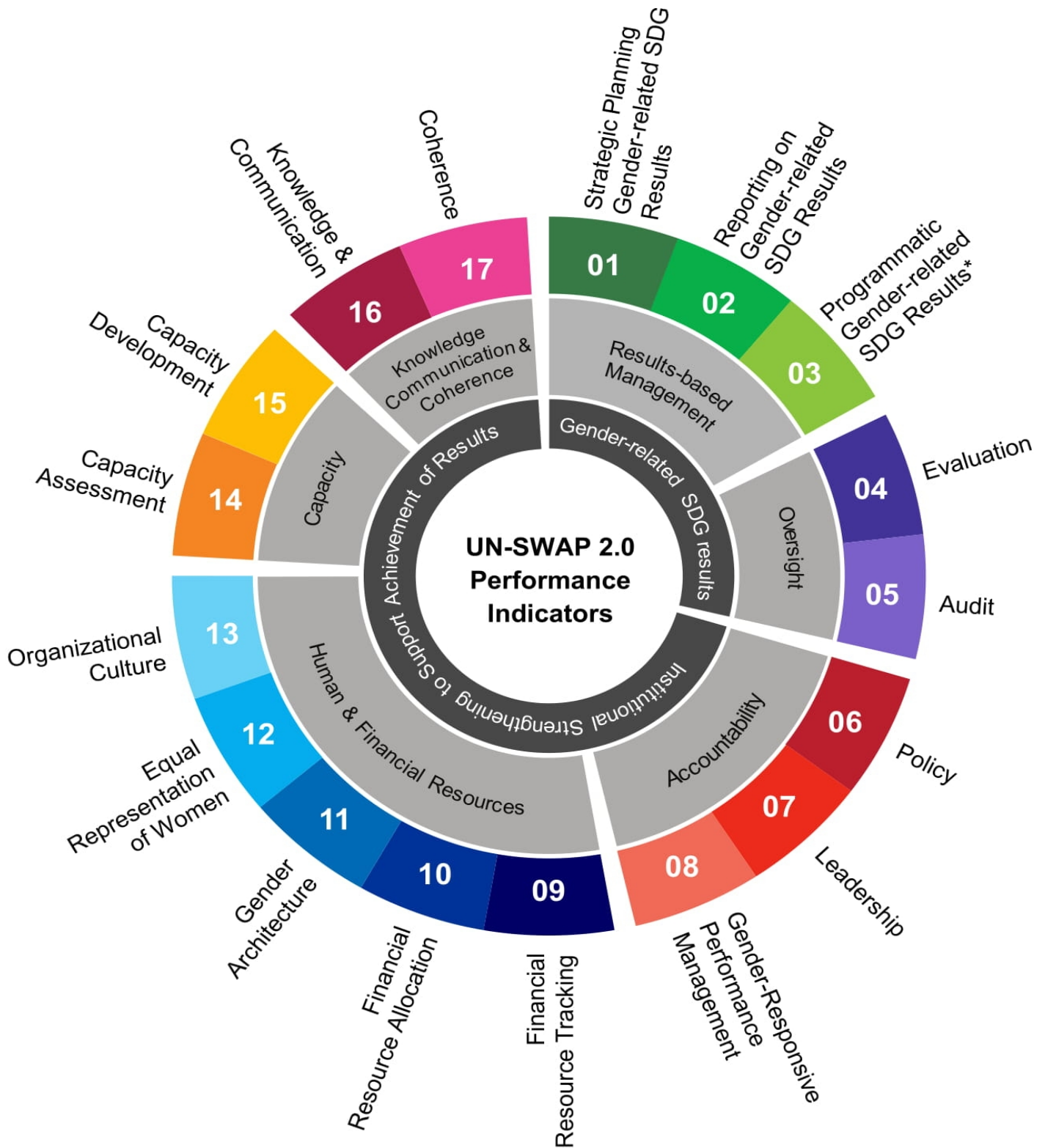
III. QUALITY ASSURANCE AND UN-SWAP 2.0 RESULTS REPORTING

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

IV. WHO REPORTING INTERNAL REVIEW PROCESS

The responsibility of UN-SWAP reporting lies with the WHO Gender, Diversity Equity and Human Rights (GRE) department in the office of the Director General. In 2019, since GRE assumed the UN-SWAP reporting responsibility, it established a robust mechanism and dedicated resources for coordination, technical support, and reporting of the UN-SWAP2.0. In 2023, a full-time staff member was made responsible for coordinating and supporting the process throughout the year, with support from the Gender Unit Team lead. The staff organized clinics with Business Owners (BOs) to review the progress and implementation of the action plans during the year, assess the rating for each indicator, and discuss and provide guidance on actions to improve performance. Upon submission of the initial report by BOs, the gender team reviewed the reports and action plans, proposed necessary revisions and guidance to comply with the reporting requirement, and ensured that the performance ratings indicated by the BOs were justified and met the UN-SWAP requirements. This process often required multiple meetings, correspondences, and several reiterations before finalizing the report. The draft consolidated report was then circulated to the GRE Focal Point network and regional offices before seeking clearance by DGO and final submission. One of the major challenges is the timing of the release of the UN-SWAP technical guide and submission deadlines. These coincide with the busiest period, including end-of-year/Biennium reporting and the winter break, which leaves limited time for data collection, coordination with BOs and report finalization. As communicated in the past, WHO staff and UN SWAP Business Owners are often overburdened with multiple deadlines towards the end of the year and struggle with competing priorities. Thus it would be desirable to review timelines for the UN SWAP.

V. THE UN-SWAP 2.0 PERFORMANCE INDICATOR FRAMEWORK



*not directly captured in the Strategic Plan

VI. WHO 2023 UN-SWAP 2.0 REPORTING RESULTS SNAPSHOT



VII. WHO 2023 UN-SWAP 2.0 RESULTS BY PERFORMANCE INDICATOR

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



Performance Indicator:

PI1 Strategic Planning Gender-Related SDG Results

MEETS

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

The game plan is encapsulated in GPW 13 (2018-2023 and extended until 2025, with GPW 14 (2026-2028) currently under development. Both operate on a results-based ethos to address evolving global health challenges and accelerate SDG achievement. Three strategic shifts guide WHO's operations: (i) enhancing leadership, (ii) catalysing public health impact across countries, and (iii) prioritizing global public goods.

Gender equality indicators are included within the enabling functions in GPW 13. In addition, 46 programmatic indicators form the basis of Triple Billion targets and Impact Measurement. These indicators, approved at the World Health Assembly in May 2019, include 39 derived from the SDGs and seven addressing priorities identified by Member States.

The Results Framework translates health goals into measurable targets. This framework is an accountability tool tracking collective contributions towards triple billion targets and health-related SDGs. It measures impact through triple billion targets, focusing on healthy life expectancy, reflecting WHO's core work areas: promoting, providing, and protecting health globally.

GPW14 will have a gender-transformative high-level objective to ensure gender, along with rights, equity and diversity, considerations are central across the high-level strategic document. The GPW 14 Impact Measurement team will collaborate with experts to finalize the list of indicators including further gender, rights and equity-specific indicators by the end of 2024 following Member State consultation.

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

Results Based Management (RBM) is being improved with the Programme Budget and Delivery for Impact, approach, resource alignment with Member States' inputs and delivery stock takes. This addresses issues identified in previous evaluations, ensuring funding matches implementation needs. The Action Results Group supports these improvements to strengthen Country Cooperation Strategies and Biennial Collaborative Agreements.

Entity on Track provides access to an updated result of the Global Health Estimates, which include the Health Adjusted Life Expectancy (HALE) and death and disability globally, by region and country, and by age, sex, and cause. The latest updates include global, regional, and country trends from 2000 to 2019 inclusive. These include many women's health conditions including those that align with SDG 5 targets on Sexual and Reproductive Health. These estimates are a powerful tool to support informed decision-making on health policy and resource allocation by providing key insights into mortality and morbidity trends.

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

By basing GPW 13 on the SDGs, WHO commits to leaving no one behind. The right to the highest attainable standard of health as expressed in WHO's Constitution underpins all WHO's work. WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities. By including the commitment to gender mainstreaming within WHO's enabling functions, WHO commits to the collection of sex-disaggregated data and conducting gender analysis and including related actions as part of its wider needs analysis and programme design. By virtue of the integrated gender, rights and equity approach, it adopts an intersectional approach to gender. It thereby pays specific attention to the rights of people with disabilities and other groups facing vulnerability and/or discrimination (such as migrants, internally displaced persons, and refugees), and for freedom from discrimination. WHO works to end all forms of discrimination against women and girls everywhere. As such, specific

indicators are also included in the GPW 13 results framework on eliminating all forms of violence against all women and girls in the public and private spheres; and to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. In addition, with respect to Universal Health care, the included indicator on coverage of essential health services, including reproductive and maternal health services.

Achievement in year/s (No longer mandatory)

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

GPW 13

Results Framework: Delivering a Measurable Impact in Countries Technical Paper 28 November 2023, Page 8

Programme Budget for 2022-2023

Methods and Data Sources for Life Tables 1990-2019

Methods and Data Sources for Country-Level Causes of Death 2000-2019

Please include an Internal assessment of progress using entity assessment methodology for reporting on its main strategic planning document (No longer mandatory as of 2021)

1. Triple Billion Dashboard: <https://portal.who.int/triplebillions/>

2. Tracking the Triple Billion and delivering results: <https://www.who.int/publications/m/item/tracking-the-triple-billionsand-delivering-results>

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

- Goal 3/Target 3.8/Indicator 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
- Goal 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 5/Target 5.6/Indicator 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- Goal 5/Target 5.3/Indicator 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
- Goal 5/Target 5.3/Indicator 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
- Goal 5/Target 5.2/Indicator 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
- Goal 3/Target 3.7/Indicator 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
- Goal 3/Target 3.1/Indicator 3.1.1 Maternal mortality ratio

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

- Norms and Standards
- UN System Change
- Access To Gender-Responsive Services

Narrative on results to be completed by all entities

UN System change: Information on women's health, women's empowerment, and health indicators for women available Ref:

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

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

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

Access to gender-responsive services and norms and standards:

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

Ref:

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

WHO Universal Health Coverage: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
WHO issues new guidelines on abortion to help countries deliver lifesaving care: <https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls>
WHO updates recommendations to guide family planning decisions: <https://www.who.int/news/item/15-11-2022-whoupdates-recommendations-to-guide-family-planning-decisions>
WHO launches guide for integration of perinatal mental health in maternal and child health services
<https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health>

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

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

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



Performance Indicator:
PI2 Reporting on Gender-Related SDG Results

MEETS

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

WHO regularly and consistently updates its Governing Body on the overarching outcomes of GPW13 and the Programme Budget, encompassing indicators on sexual and reproductive health and on violence against women in contribution to SDG 5 targets 5.2 and 5.6 amongst others.

In addition, to ensure inclusivity and SDG fulfilment, WHO provides internal guidelines through templates and data collection tools and activation of the country portal platform for measuring and reporting gender equality and women's empowerment results. The key objectives of the guidelines include:

Promoting the public availability of Gender, Rights, and Equity (GRE)-related data and analyzed evidence.

Establish independent and participatory processes to periodically review program data, analysis, and actions.

Making concerted efforts to share data and evidence with international human rights bodies and gender equality monitoring processes across the UN system.

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

In implementing the Programme Budget 2022-2023, WHO offers specific data disaggregation and analysis guidance. This is done to comprehend and gather evidence on the nature of challenges, requiring the development of high-quality evidence and analysis to identify populations left behind and the reasons behind them.

The guidance of the Program budget 2022-2023 included specific guidance on planning activities that involve collecting, disaggregating, and analysing data by sex, age, and at least one other inequality dimension.

Furthermore, the guidance emphasizes the importance of planning activities that incorporate gender, human rights, and equity analysis of quantitative and qualitative data, policies, or laws affecting the delivery of outputs. This helps identify populations facing disadvantage, discrimination, and exclusion.

To ensure that evidence and analysis lead to actionable steps in reducing inequities, the guidance included planning activities that offer technical assistance in analysing health and social inequities, gender inequality, discrimination, and high-burden populations. This involves identifying barriers to health services, conducting gender analyses of risk factors and health

systems responses, monitoring health inequalities and data disaggregation, and applying a human rights-based approach to health. Additionally, planning activities involve promoting, implementing, and reporting the participation of diverse communities, beneficiaries, civil society, and other stakeholders.

Numerous reports submitted to governing bodies incorporate sex-disaggregated data, which are also accessible through open access, and widely disseminated, The Annual World Health Statistics report, incorporates available sex-disaggregated data. Additionally, statistical reports from WHO technical programmes feature indicators broken down by sex whenever possible. Of the 46 outcome indicators of the Thirteenth Global Programme of Work, 31 can be disaggregated and currently, 13 indicators have sex-disaggregated data available at the global level. Please see the link for more details.

<https://www.who.int/about/accountability/results/who-results-report-2022-mtr/outcome/2022/improved-access-to-quality-essential-health-services-irrespective-of-gender--age-or-disability>

The Global Health Observatory (GHO) is the main WHO data portal containing 1357 health-related indicators with 211 indicators with sex-disaggregated data. mainly related to the topics of alcohol consumption, tobacco use, and nutrition.

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

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

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

The main evidence of the reporting is the World health statistics report of the 2023 which is including the SDGs with gender disaggregation beside the HALE one See pages (12-15), (58) and (84-90)

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

- No

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

N/A

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



Performance Indicator:

PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan

NOT APPLICABLE

Explanation of why this rating has been given

All health-related SDG indicators, including those that are gender-related are included in GPW13, which is the Organization's high-level Strategic Plan. Therefore, programmatic gender-related SDG results are covered in PI1 and PI2.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:

PI4 Evaluation

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

4ci Meets the UNEG Gender Equality-Related Norms and Standards

The WHO Evaluation Practice Handbook, published in 2013, offers comprehensive information and practical guidance on preparing for and conducting evaluations in WHO. It also guides how the evaluation results and recommendations can be utilized and followed up. It has specific sections on how gender, equity, and human rights concerns can be integrated into evaluations. WHO's Evaluation Policy, updated in 2018, further emphasized the integration of human rights and gender equality in all stages of evaluations. A new guidance note issued at the end of 2023 offers support on the following:

- a. How GEEW and Human Rights (HR) can be integrated into evaluations;
- b. Role of the Quality Assurance Advisor for decentralized evaluations
- c. Framework for evaluations of WHO's contribution

In addition, quality control checklists for various deliverables of evaluations ensure gender, equity, and human rights are included in ToRs, inception reports, and final reports.

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

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. This assessment considered nine independent evaluations undertaken in 2023. After a preliminary review, eight were included in the final assessment using the revised score card from the UN Evaluation Group for assessment. Five of those eight evaluations included in the final assessment were corporate evaluations commissioned and either managed or conducted by WHO's Evaluation Office, and two were decentralized evaluations commissioned by various other offices within WHO. The five corporate evaluations included in this review are:

1. Independent Evaluation of WHO's Results-Based Management Framework
2. Evaluation of WHO's normative Function at the country level
3. Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE), 2017 – 2026
4. Evaluation of WHO GPW 13
5. Evaluation of WHO's contribution in Djibouti

The three decentralized evaluations included in this review are:

1. Evaluation Report for DFAT-WHO water, sanitation, and hygiene (WASH) Evaluation across the Asian Pacific 2018-2022.
2. Independent review of WHO's response to COVID-19 in the Eastern Mediterranean Region
3. Final Evaluation of "Strengthening health financing reforms to improve governance of the National Health Insurance Fund and extend insurance coverage to poor and refugee populations."

Eight evaluations met the requirements and scored (satisfactory) or (fully met the requirement) on all three scoring criteria of integrating gender equity and human rights concerns. Four out of the eight evaluations were found to be 'meeting requirements' (range 7 to 9). Three out of eight 'approached requirements' (range 5 to 6). One out of eight 'missed requirements.' The evaluations approaching or missing the requirements have scored 1 in at least two criteria. The details of the rationale for scoring are given in the Excel file (attached).

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

To assess the corporate performance of WHO on gender mainstreaming, an evaluation was conducted in 2021. It covered the following questions:

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

What modality was used for the assessment?

- External

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

- No

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

No, the COVID-19 did not directly affect the application of GEEW guidelines in our evaluations. However, COVID-19 pandemic restricted access to the populations facing most vulnerability for data collection. This is expected to change in the coming years.

II. GENDER-RELATED SDG RESULTS / OVERSIGHT



Performance Indicator:
PI5 Audit

MEETS

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

The audit unit of the Internal Oversight Services (IOS) conducts a risk assessment to prepare its annual audit plan of work. The audit unit also consults management and gender focal points at various levels of the organization and other oversight functions to identify and assess gender-specific risks to prepare its annual audit plan of work. This information is used to ensure the inclusion of gender-related themes in the design of other broader assignments, such as advocating for the inclusion of Gender as an integral part of programme design and implementation by the budget centres.

The IOS audit unit covers gender, equity, human rights, and disability (GEHRD) considerations as part of the audits of headquarters, Regional Offices (ROs), and technical programmes at WHO Country Offices (WCOs), as applicable. IOS includes specific audit tests on GEHRD-related issues as part of integrated audits (integrated audits represent approximately 30% of the internal audits conducted by IOS).

IOS methodology for GEHRD review was revised in consultation with the GRE department. The audit tests in the standard audit risk matrix for WCOs cover the following seven data sets.

1. Policies/Strategies
2. Guidelines/Tools
3. Work Plans
4. Health Information Systems
5. Publications
6. Communication Materials
7. Donor Reports

The methodology covers (i) gender analysis, (ii) equity analysis, (iii) gender transformative action, (iv) equity action, which includes provisions for ensuring sufficient quantity (availability), (v) physical and information accessibility, (vi) affordability without discrimination (accessibility); (vii) adherence to medical ethics and (viii) confidentiality and sensitivity to gender, age, and culture (acceptability) and global standard quality (AAAQ).

The standard audit risk matrix considers gender during (operational and integrated) internal audits as well as during reviewing 'reaching people with disabilities. The tests include a review of gender equality-related issues in the recruitment process. The audit tests also cover compliance with WHO mandatory training. Such tests are updated periodically depending on new training requirements (e.g., "Prevention of Sexual Exploitation, Abuse and Harassment" and "United to Respect: Preventing Sexual Harassment and other prohibited conduct").

IOS expanded audit tests in the area of Prevention of Sexual Exploitation and Abuse. IOS also conducted an advisory review of “Mandatory Training and iLearn Monitoring,” which identified areas for potential improvement of internal controls over the management of mandatory training and related iLearn records.

Internal audit-based recommendations are tracked via audit management software until IOS formally verifies and closes them. Auditees are asked to provide comments and evidence on the actions undertaken to implement such recommendations. The internal auditor report for 2023 to the World Health Assembly systematically includes relevant gender equality findings (paragraph 41). The report also contains information on mandatory training and iLearn monitoring, including mandatory training courses on the prevention of sexual exploitation and abuse (paragraph 39). Gender-related observations identified during 2023 audits will be included in the 2024 Report of the Internal Auditor to the World Health Assembly.

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

- No

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

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI6 Policy

MEETS

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

The Roadmap of the WHO Secretariat to Advance Gender equality, human Rights and health Equity (GRE Roadmap), was developed during 2022 and launched in 2023 for all WHO staff in an event bringing together the Director General and representation from all Regional Directors. The demonstrated support from leadership on Gender Equality, Human Rights, and Health Equity (GRE) creates a conducive environment for the implementation of the roadmap, which is anchored around six action areas, including leadership, architecture, capacity building, resources, tools, and assistance, organizational systems, and accountability. The GRE Roadmap is underpinned by a monitoring and evaluation framework and costed action plan. The costed action plan has provided the basis for planning for GRE departments and units at global and regional levels. This has generated increased GRE staff in most regions and has resulted in many successes, including the adoption of the gender marker and its inclusion in operational planning guidance, the alignment of the output scorecard with the markers, and the prioritization of GRE capacity-building efforts, among others. A Steering Committee will oversee the implementation of the GRE roadmap. Specifically, the steering committee is tasked with 1- reviewing progress against the roadmap and providing guidance; 2 - considering challenges, including those related to internal resource allocation; and 3 - providing bi-yearly written reports to the Directors of Programme Management (DPMs) and the Global Policy Group (GPG – comprised of the WHO Director-General Director and Regional Directors).

2023-2025 Strategy for the Prevention of and Response to Sexual Misconduct

WHO launched a new Policy on Preventing and Addressing Sexual Misconduct (PASM), which came into effect on 8 March 2023. This policy enhances WHO’s legal and accountability frameworks for achieving zero tolerance for sexual misconduct and inaction against it.

Gender Parity Policy

WHO's new Gender Parity Policy (2023–2026) replaces the WHO Gender Equality in Staffing Policy January 2017. A corresponding Implementation Plan is prepared for 2024-2026.

Draft Strategy on Diversity, Equity, and Inclusion (DEI)

A draft Strategy on Diversity, Equity, and Inclusion (DEI) has been developed. This Strategy aims to build a more diverse, equitable, and inclusive workplace by focusing on four action areas: 1) organizational culture, 2) operations and management policies and practices; 3) DEI structure and systems, and 4) internal justice mechanisms.

WHA 76 adopted Resolution 76.16 on the Health of Indigenous Peoples

WHA 76 adopted Resolution 76.16 on the Health of Indigenous Peoples and it calls on the WHO Director-General to develop a comprehensive Global Action Plan for the well-being of Indigenous Peoples and present it at the Seventy-ninth World Health Assembly in 2026. The resolution recognises the “disproportionally poorer maternal health outcomes and considerable barriers to accessing primary health care and other essential health care services” faced by indigenous women and recognises the need to “mainstream gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women”.

SAGER Guidelines

WHO has adopted the Sex and Gender Equity in Research (SAGER) guidelines. These guidelines serve as valuable tools for researchers and technical staff, facilitating a more systematic approach to integration of and reporting of sex and gender dimensions in research and data analysis, to facilitate a deeper understanding of the intricacies involved in health risks and outcomes.

Draft Compact for Senior Managers

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

Human Resource Business Intelligence Dashboard

The Human Resource Business Intelligence dashboard (HR BI) launched in April 2023 systematically gathers, analyzes, communicates, and uses evidence-based HR analytical insight on a real-time basis across all WHO regions and HQ. ADGs/senior managers are responsible for monitoring gender parity progress for strategizing accordingly.

In May 2023, WHO published on the external HR portal both the “gender parity indicator for all workforce” and “number of women WHO Heads of Offices” measurement to highlight WHO's commitment to address key requirements: for women and men to have equal representation at decision-making level positions to shape legislative frameworks and policies; equal access to organizational resources and services, and equal control over the resulting benefits.

BMS, the new WHO ERP project, is being used as an opportunity to introduce Disability, Equity, and Inclusion to indicate pronouns, sign language, and voluntary disclosures for additional demographics, including sexual orientation. In early 2023, HRT established annual targets per professional level. The targets require a 1.5 % year-to-year increase in women representation at P4 and P5 levels and a 3% year-to-year increase at P6/D1 and D2 levels.

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

- No

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

N/A

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI7 Leadership

MEETS

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

The WHO Director-General supports the GRE department by directly allocating resources and loaning staff through close oversight. While external resources are being mobilized, the WHO Director-General has continued to fill the gap by allocating core funds to the Department. The Director General's office tracks UNSWAP performance, providing the impetus to ensure department improvements. Under his patronage, the GRE programme calls regular meetings with Department Directors to track the implementation of remedial actions to improve UNSWAP performance.

The Director-General continues as an international gender champion, having committed to stand for zero tolerance of gender-based violence, not participating in single-sex panels, listening to women and girls, and referring to gender equality in his speeches such as:

Address to the 152nd session of the WHO Executive Board, during which he outlined his commitment to gender equality, human rights, and health equity.

He emphasized his commitment to leaving no one behind and highlighted the rising inequities in access to health services, the increased politicization of health, and his commitment to see the right to health fulfilled for all at the GSTIC Global Conference, the Africa CDC Ministerial Executive Leadership Programme, the Munich Security Conference, Annual Ministerial, the Commission on the Status of Women and in media briefings.

Held dialogues with civil society organizations this year, including one on "Priorities on Sexual and Reproductive Health and Rights at the Global, Regional, and Country Levels".

Opened the launch of the GRE Roadmap with a clarion call to all WHO staff to prioritize implementation.

Communications from all senior leadership have also emphasized gender, as well as rights and equity, concerns. Amongst others, examples include:

Social media packs around five selected international days to promote communications from the organization around GRE issues such as 'International Women's Day, International Day for People of African Descent, International Day for Indigenous Peoples, International Day for Rural Women, and Human Rights.

Launch of 10 new web pages covering various GRE topics were published on WHO's main websites

Senior level leadership has also been promoted and supported through the development of a resource for speech writers providing senior management and the communications team with ample messaging.

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

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

Please elaborate your selection below.

WHO governing bodies have called upon Member States to consider applying gender parity in their delegations. The invitation to the 2023 WHA includes the following request to member states: "in accordance with resolution WHA49.9 (1996), and to support the aim of achievement of SDG 5 (Achieve gender equality and empower all women and girls), the Director-General invites Member States to consider that gender balance be applied to their delegations." The WHO Director-General supports the GRE department by directly allocating resources and loaning staff through close oversight. While external resources are being mobilized, the WHO Director-General has continued to fill the gap by allocating core funds to the Department. The Director General's office tracks UNSWAP performance, providing the impetus to ensure department improvements. Under his patronage, the GRE programme calls regular meetings with department directors to track the implementation of remedial actions to improve UNSWAP performance. Launched the RESPECT Women website at the Women Deliver Conference, a new online one-stop platform that aims to drive concrete actions – in policies and programmes - to prevent and respond to violence against women and girls. Co-organized a side event with the Republics of Chile and Rwanda on the role of digital innovation, technology, and education in improving health outcomes for women and girls, particularly those who experience compounding barriers to health and well-being during 67th Session of the Commission on the Status of Women. Social media packs were developed around five selected international days to promote communications from the organization around GRE issues such as 'International Women's Day, International Day for People of African Descent, International Day for Indigenous Peoples, International Day for Rural Women, and Human Rights. 10 new web pages covering various GRE topics were published on WHO's main website providing senior management and the communications team with ample messaging. The gender parity policy 2023-2026 updated to accelerate efforts towards gender parity in the workforce, particularly at the P4 level and above. The new policy establishes new targets per professional level, includes a higher reliance on disaggregated data for gender, and outlines temporary measures to be applied by hiring managers.

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

Progress towards its gender parity targets is tracked, providing an annual report to the EB and contributing its figures to the UN System-wide Dashboard on Gender Parity and the UN Secretariat Gender Parity Dashboard. (See EB 152 agenda) The gender parity policy 2023-2026 was updated to accelerate efforts towards gender parity in the workforce, particularly at the P4 level and above. The new policy establishes new targets per professional level, includes a higher reliance on sex disaggregated data, and outlines temporary measures to be applied by hiring managers. 2023 figures indicate an improvement in women's representation at all levels except D1/D2. As of 31 July 2023, 36.8% of heads of country offices were women, representing an increase compared with December 2022 (36.3%). The 2023 selection process for this roster is ongoing, with an additional focus on identifying female candidates for the shortlist. Currently, the draft shortlist is at gender parity, with approximately 50% female candidates identified to proceed to the video interviewing stage. As part of its efforts to improve gender parity, career development is a priority. 245 staff members were enrolled for individual UNSSC courses, including 34 female staff members at the P4/P5 level in the Leadership, Women and the United Nations. The new career

development programme entitled “Advance” was delivered twice to promote women’s leadership, addressing the specific career development needs and challenges of national professional officers and general service staff. The programme was complemented by coaching support from a group of internally qualified WHO coaches. A collaboration with UN System Staff College - UNSSC was formed to craft the programme's next iteration, to be rolled out in all regions. Two cohorts were launched in Q3 of 2023, one in WPRO and one in HQ.

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

The WHO Director General has within his office two departments related to gender: 1) prevention of and response to sexual exploitation and abuse; and 3) the gender rights and equity and human rights department, which includes the Diversity, Equity and Inclusion Unit. He provides resources and close oversight to these programmes, ensuring their mainstreaming throughout the organization. The WHO DG has progressively increased resources for the Programme on Gender Equality, Human Rights and Health Equity to drive implementation of related work within the organization and with Member States. Towards the end of 2023, WHO also implemented mandatory gender marker to track the contribution of products and services, and related expenditure, to advancing gender equality and the empowerment of women.

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

- No

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

N/A

III. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY



Performance Indicator:
PI8 Gender-responsive performance management

EXCEEDS

8ci. Assessment of gender equality and the empowerment of women integrated into core values and/or competencies for all staff, with a particular focus on levels P4 or equivalent and above including decision making positions in all Committees, Missions and Advisory Bodies.

The HR policy defines a clear objective, governance process, and accountabilities for gender and diversity. The ‘Gender Parity’ policy highlights cascading accountability mechanisms, where “RDs and ADGs are accountable to meet annual targets on gender equality, and report to the DG annually. Directors in the Regional Offices and Management Officers in HQ are responsible for monitoring this policy in their respective regions and departments. The HRT Department is responsible for the administration and reporting on the policy implementation. To sustain gender parity progress, the Gender Parity Actions Plan defined a set of activities and formulated mechanisms for managerial accountability for the following areas:

1. Leadership
2. Gender-sensitive recruitment, progression, and development
3. Creating an enabling environment
4. A workplace culture that is free of discrimination, harassment, and abuse
5. Monitoring and Evaluation

Gender equality and women's empowerment are integrated into the performance evaluation of every staff member and supervisor as mandatory competencies to be demonstrated by the staff. The online performance evaluation template includes gender equality and women's empowerment as mandatory competencies of annual goals for every supervisor. The enhanced electronic tool to evaluate performance (ePMDS+) includes self-assessment and assessment by supervisors focusing on contributions to diversity targets. It also evaluates ‘how well the staff member demonstrated the Mandatory Competency “Respecting and Promoting Individual and Cultural Differences,” which explicit provisions for gender

responsiveness i.e., “Understands and respects cultural and gender issues and applies this to daily work and decision making.

The text of all WHO vacancy notices includes references to the WHO Values Charter and a statement on WHO’s commitment to zero tolerance towards sexual exploitation and abuse. A diversity statement has been added to the vacancy announcements for all categories of contracts, including consultants and interns. The diversity statement highlights the representation of women, prioritizing consideration of applications from unrepresented/underrepresented groups, and a link to the newly created DEI webpage with workforce data on geographical distribution. This diversity statement also includes a dedicated email account to submit requests for reasonable accommodation by job applicants with a disability.

The ERP system automatically populates diversity for classified post descriptions for international and national fixed-term and temporary vacant posts. Data on sex in applications, screening, shortlisting, and selection stages are analyzed using the new WHO HR BI tool, formally launched on 3rd April 2023. All hiring managers monitor data on recruiting P4 and above (grades that are not parity) at every stage of the recruitment process.

A 360-degree feedback exercise launched in 2022 improves transparency and promotes a culture of openness and feedback. The online questionnaire includes questions assessing leadership in promoting diversity, WHO’s ethical charter, non-discriminatory decisions, role modelling, and zero tolerance for abuse of authority, discrimination, and harassment. Based on the five main characteristics most demanded by staff, AFRO piloted an initiative that helps leaders develop coaching skills. 27 women from francophone countries benefited from the Programme.

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

In 2015 WHO introduced the Recognizing Excellence policy and annual Excellence Awards, including the Director-General’s (DG) Individual and Director-General’s Team awards, Regional Director’s (RD) Award, and HQ Award by DG. This policy stipulated that DG/RD in granting these awards will recognize one or more criteria, where the first success criteria is Gender and Diversity, with recognition for exceptional contributions to WHO’s gender and diversity goals. The Awards for Excellence ceremony was livestreamed on 14 December 2023 in six languages, where DG together with RDs and the HR Director announced the recipients of awards. All nominations were reviewed, and outstanding WHO staff were globally recognized. The majority of nominations included gender and diversity considerations, and the criteria chosen for more than 50% of awards were ‘Gender and Diversity’ and ‘Leadership’.

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

- No

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

N/A

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



Performance Indicator:
PI9 Financial Resource Tracking

MEETS

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

WHO has now implemented a mandatory gender marker to quantify expenditure during the 2024-2025 biennium to advance gender equality and women’s empowerment (GEWE. Previously, it used a mix of outputs with programmatic and SDG target tagging to estimate expenditures to promote gender equality and women’s empowerment. The results chain, with its integrated outcomes and outputs of the 13th General Programme of Work 2019-2023 extended until 2025, emphasizes ‘leaving no one behind’. The three areas, ‘Gender Equality’, ‘Health Equity’, and ‘Human Rights’ (GEHR), are planned, monitored, and reported on to Member States and partners annually at the World Health Assembly. The Organization tracks

planned costs and expenditures on GEHR and women's empowerment in its enterprise management system (ERP) GSM:

Output 4.2.6: 'Leaving no one behind' approach focused on equity, gender, and human rights progressively incorporated and monitored. Outcome 1.1: Improved access to quality essential health services irrespective of gender, age, or disability; and particularly Output 1.1.3: Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course, which included maternal health, sexual and reproductive health, women's, children's, and adolescent health; and, Mainstreamed throughout all other outcomes and outputs in work plans with partial tracking using a programmatic classification code "GER"; and SDG targets classifications.

In the operational planning of the Programme Budget 2022-2023 (PB22-23), mandatory SDG target classifications were identified and linked to all products and services. This allowed the identification of financial resources for activities contributing to SDG5 and gender equality and women's empowerment related to SDG3 targets (including 3.1 and 3.7). The SDG target-level expenditures are reported to the UN System Chief Executive Board for Coordination (UN CEB) as part of the UN Data Cube.

Programmatic classifications allowed for the monitoring and reporting of programmatic areas within the integrated framework. These programmatic classifications, a non-mandatory tag, allowed tracking of planned costs and expenditures at product and service levels in the activity work plans. Among these classifications, the composite classification code "GER" - 3.6 'health equity, social determinants, gender equality, and human rights' allowed the user to apply a percentage code for planned costs for work on equity, social determinants, gender equality, and human rights (GER10-GER100).

In the first six-monthly review of the Programme Budget 22-23 in mid-2022, the Gender, Equity and Human Rights Department, together with the Planning, Resource Coordination and Performance Monitoring Department, took steps to improve the application of the composite classification (GER10-GER100) to get a better view on the planned costs and expenditures towards these three areas. Official guidance was issued, and clinics targeting the administration and technical staff were organized. The data was subsequently analyzed, and the conclusion was that despite the improvements in data, it was insufficient to identify all GER investments. However, the lessons learned from that exercise informed the development of the marker and underlined the need for a mandatory marker in line with the UN's best practice.

WHO is aligning itself with the CEB Finance and Budget Network's recent endorsement of Gender Equality as a UN Data Standard for system-wide reporting of financial data. The gender marker is aligned with the UNCT Country Marker, with orientation for its use included in Operational Guidance (and related guidance webinars organized). The marker will be able to report our financial contributions using the gender equality marker after the financial closure of the 2024-2025 biennium in 2026.

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

- 0-1-2-3

(If other) Please describe the scale used:

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

- all budget sources

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

The gender marker system is used for...

- financial tracking of budgets

(If other) Please describe gender marker system uses below

Which ERP is used in your entity?

- Other

(If other) Please identify the ERP system below:

Other: Currently, GSM (Global Management System, an Oracle-based ERP system) is in use; a move to the BMS tool (Business Management System, a Salesforce-based system) is foreseen in mid-2024.

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

- yes

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

- Gender office in collaboration with budget office

(If other) Please identify the department below:

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

0

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

0

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

None

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

- No

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

N/A

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



Performance Indicator:
PI10 Financial Resource Allocation

APPROACHING

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

This report contains a reference to the methodology used for operationalization and implementation of the first year of the Programme Budget (PB) 2022-23, consistent with the previous UNSWAP reports where WHO reports on the financial figures after the end of the financial year as submitted annually to their governing bodies. The below data is from the mid-term review assessment submitted to the World Health Assembly in May 2023 (for the financial year ending 2022). Provisional data from 2023 is sometimes used and should be considered financial indications.

WHO implemented its gender marker during 2023 for the purposes of planning products and services for the 2024/25 Biennium, and quantifying related expenditure. Since the gender marker was not implemented to plan and report expenditure for the current reporting period, WHO has gathered data by analyzing 1) the use of the composite GER classification (GER10-GER100), 2) the analysis of the expenditures towards the relevant SDG targets, 3) the investments to achieve outputs 1.1.3 and 4.2.6, which are outputs that have a clear gender equality component. The following scenarios provide, with some overlaps, indicative benchmarks:

Of the US\$ 17.8 million budgeted for 2022-2023, US\$ 14.2 million was made available for the biennium*, and US\$ 6.9 million was utilized (expenditure + encumbrances) in the first year of the biennium (2022) to advance the work in the output 4.2.6

“Leave no one behind” approach focused on equity, gender, and human rights progressively incorporated and monitored. Since the WHO has an integrated mainstreaming approach (gender along with equity and rights), these amounts reflect commitments and expenses for the three integrated areas, not just for gender equality and women’s empowerment.

Of all expenditures in 2022-2023 for products/services in the WHO’s work plans, US\$ 42.6 million* tagged with the composite classification “GER - 3.6 Equity, social determinants, gender equality, and human rights” (GER10-GER100);

Keeping a broader view on the investments in the area of GEEW, of interest is the budget and expenditures under Outcome 1.1 “Improved access to quality essential services irrespective of gender, age or disability,” output 1.1.3 “Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course” which includes maternal health and sexual reproductive health and rights. Of the US\$ 607.3 million budgeted for 2022-2023, US\$ 546.5 million was made available for the biennium*, and US\$ 213.1 million was spent in 2022, which is an increase from the US\$ 223.4 million budgeted for 2020-2021 when US\$ 194,5 million were made available and US\$ 182.1 million were spent (81.5% of budget) for the biennium. The increase between 2020-2021 and 2022-2023 was partly due to the addition of polio transition in output 1.1.3; and,

The expenditures reported to the UN System Chief Executives Board for Coordination on the SDG5 and SDG3 (targets 3.1 and 3.7), amount to US\$ 79.9 million out of the total Organizational expenditures of US\$ 3848 million in 2022, which can be compared with 2021, when the expenditures amounted to US\$ 78.5 million of the Organization’s total expenditures of USD 3,582.7 million on advancing SDG5 target 5.1, 5.2, 5.3, 5.4, 5.5, 5.6 and SDG3 targets 3.1 and 3.7 (these includes parts of the expenditures for 4.2.6 and 1.1.3).

*These figures are indicative as the financial closure has not yet occurred.

In the previous year’s report to the UNSWAP, Scenarios 1 and 2 were reported as the benchmark as 0.27% of the Organization’s resources in 2020-21, either being planned under output 4.2.6 or using the GER composite classification. In 2022, 0.55% of the organization's expenditures were tagged with the GER composite classification. It should be noted that this only provides a partial picture of the investments in these areas. The implementation of the GEM will facilitate the overview of investment.

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

4354000000

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

958000

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

0

Financial benchmark established for GEWE.

0

How was the benchmark established?

N/A

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

2

How is the percentage calculated?

US\$ 79.9 million out of the total Organizational expenditures of US\$ 3,848 million; which provides the calculation of the expenditures for advancing SDG5 targets and SDG targets 3.1 and 3.7 are divided by the total expenditures for the Organization for 2022 = 2%

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

- No

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

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



Performance Indicator:
PI11 Gender Architecture

MEETS

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

In 2022, the Global GRE network was reestablished at HQ. Terms of reference were developed, and all departments at Headquarters were requested to assign focal points. Currently, a network of P4 focal points allocating 20% of their time to GRE is functional. Guidance was provided to network members to facilitate the inclusion of a GRE objective in their performance management reviews. The network meets monthly to build its capacity and exchange best practices. Focal points are key in ensuring that GRE considerations are integrated into their programmes and have driven the development of analysis and conducting of programme-specific GRE capacity-building efforts, among others.

The GRE leadership team was also reestablished in 2022, consisting of the GRE leads at HQ and across all regions, and meets on a bi-monthly basis with GRE technical leads and has had its second annual retreat this year, during which it advised on the capacity building plan, the Global Plan of Action on the Health of Indigenous People, the Gender Equality, Human Rights and Health Equity Markers, integration of GRE in operational planning and reporting, and positioning of GRE in the GPW 14 currently under development.

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

In 2022, the Gender, Equity and Human Rights team was upgraded to a full-fledged WHO Department on Gender, Rights and Equity (GRE) in the office of the Director-General, with staff numbers increased at this time. 2023 saw a further increase in staff and stabilization of staff posts, in accordance with the proposed department organigram. Three P5 staff were hired to lead, respectively, the new Gender, Equity, and Human Rights units. In addition, three Junior Programme Officers continue to support these work areas, including seven consultants and four staff members, the gender unit includes 2.5 of these staff as well as two of the consultants. Overall, this represents a significant increase from 2022. However, given the newness of the Department, post-creation and recruitment are ongoing for positions. For example, senior staff continue loans to fulfil the functions of the Director, partner engagement, and program management. The recruitment process for the Director (D2) continued with a re-advertisement of the position.

Outside of the Department at Headquarters, the hiring of GRE staff is increasing at all levels of the organization, with the regions of the Americas, Eastern Mediterranean, Africa, and Western Pacific each hiring multiple staff to work on GRE. In addition to the technical units mentioned above, the new department also manages Diversity, Equity, and Inclusion (DEI), and has seen the addition of a P3 staff member to address this issue. A P5 position is under recruitment to lead this Unit.

Total number of entity staff

9261

Total cost of all entity staff:

1242

Does the entity have a Gender Unit?

- Yes

Total number of staff in the gender unit:

Total staff cost of gender unit

442957

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

- No

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

- Not applicable

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

N/A

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

N/A

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

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

Where is the gender parity function located?

Within the human resources department, with technical advice on the content of policies is provided by both the Gender and DEI Units within the GRE Department.

Total number of gender focal points

40

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

0

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

- Yes

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

4

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

0

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

- No

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

N/A



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

The representation of women increased in every staff category (except for D grades) and in every region, with the highest increase of 15.5% at ASG grade. The representation of women holding long-term appointments is highest at the entry levels, P-1 and P-2, at 75 % and 57.5%, respectively, 56.6% at the P3 level, and decreases at the middle and higher professional levels, P4 level at 45.4 %, P5 at 46.9% with wider gaps at senior grades recorded at 34.8 % (D1) and 32.8% (D2). Gender parity is achieved for the following staff categories:

46.9% women representation at the P5 level.

50.2% women representation at International Professional and higher categories (IP), National (GS/NPO) and Conference Staff, all types of appointments (long term (Continuing Appointment/Fixed-Term Appointments) and short-term (Temporary Appointments/Daily Paid staff on payroll))

50.6% women representation at International Professional and higher categories of staff and National Staff holding long-term appointments (CA/FTA)

49.1% of women represented at International Professional and higher categories of staff holding long and short-term appointments

47.7% of women represented at International Professional and higher categories of staff holding long-term appointments.

Women's representation at headquarters reached 52.7%, while gender imbalances persist at non-headquarters locations, except for Western-Pacific and European regions, where women's representation is 59.3% and 50.2%, respectively. At the country level, 56% of women represented in the General Service category, 42.7% of women represented in National Professional Officers, and 58% of women represented at the NOA (entry professional) level.

Collected data shows improved gender diversity outcomes and consistent progress in several dimensions, albeit at a slower pace and modest increase against newly established parity targets aiming to reach parity by the end of 2026. One of the challenges is attributed to the low proportion of applications from qualified multilingual medical professionals with demonstrated management experience who are available to work in remote and emergency setting duty stations.

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

- Yes

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

Reduced number of women applicants from low and middle-income countries

Gender parity data by level

	Female	Male
P1	6	2
P2	73	54
P3	316	242
P4	469	563
P5	378	428
D1	72	135
D2	21	43
ASG	8	6
USG	1	2



Performance Indicator:
PI13 Organizational culture

MEETS

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

WHO continued to create an enabling and inclusive culture supporting gender equality with a diversity, equity and inclusion framework. Key measures include

Respectful Workplace Programme

The Respectful Workplace Programme (RWP) is driven by the need for a consistent, coordinated, and accountable approach to nurturing a respectful workplace culture. It represents a transition from treating respectful workplace efforts as isolated initiatives to institutionalizing them as a comprehensive and continuous work programme. This approach ultimately contributes to the well-being and success of the global workforce.

Effective Internal Justice System

WHO continues to monitor the reform of the internal justice system launched in 2016. An external consultant was selected to review the internal justice system's relevance, efficiency, effectiveness, and independence. The review found that the reform of 2016 was "a successful one" and that "WHO/UNAIDS has put in place the essential internal justice mechanisms to deal with work-related disputes both at a formal and an informal level." The report provides a list of recommendations to improve the system in informal resolution, investigation, and disciplinary processes, access to justice, legal assistance, and whistleblower protection. Various stakeholders, including the staff association, have been consulted and indicated their support for the external consultant's recommendation that the Organization: a) implements an office of specialized lawyers to support staff members in their grievances before the internal justice system, or; b) create a dedicated staff legal advisor, not only in headquarters but also in regional and country office levels to assist staff members before the internal justice system.

The Human Resources and Talent Management Department prepared an implementation plan covering 2023/2024 in close coordination with all stakeholders. In line with the implementation plan, an internal justice system outreach mission was conducted in the Western Pacific Regional Office (WPRO) in Manila between May 1 and May 5, 2023. The mission made the personnel aware of the recourse mechanisms available to them. In June 2023, induction training on the internal justice system was provided to newly recruited Eastern Mediterranean Regional Office (EMRO) personnel. The internal justice system outreach mission also extended to other regional offices, starting with the South-East Asia Regional Office (SEARO) between 27 November and 1 December 2023.

On 16 May 2022, WHO published its first HR Agenda for Diversity, Equity, and Inclusion for the WHO Workforce. The Gender parity policy is expanding the WHO framework for diversity, equity, and inclusion to address gender equality. Key dimensions of the WHO gender parity policy envisage that parents' workload is reduced by enhancing policies for families. Therefore, new policies for parental leave and flexible working arrangements were deployed by HRT. In addition to the gender-related regulatory framework, WHO strengthened reporting and accountability mechanisms. On 13 September 2023, WHO launched a new Policy on Preventing and Addressing Retaliation to create and sustain zero tolerance for any form of retaliation.

Employment of persons with disabilities and SOP Reasonable Accommodation.

The policy provides full and equal enjoyment of all human rights and freedom for all persons with disabilities. The Integrity Hotline gives people – not just staff within WHO but also people outside the Organization – a confidential, free-of-charge channel to report concerns if they encounter instances of wrongdoing at WHO (<https://www.who.int/about/ethics/integrity-hotline>).

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

Unified parental leave was implemented effective 1 January 2023. The leave is available to all parents to promote equality, contribute to equity and gender parity, recognize the role of all parents, and enhance WHO's image as an employer of choice. The duration of maternity leave increased from 16 to 24 weeks (about 5 and a half months) in October 2016 (earlier than the rest of the UN system). In January 2018, (after increasing the duration of maternity leave), WHO introduced an internal funding mechanism for temporary backfilling to support technical programs, contribute to organizational effectiveness, and ensure the well-being of employees.

Striving towards inclusivity, in February 2018, the duration of adoption leave increased from 8 to 16 weeks (about 3 and a half months) for a single adoption (18 weeks (about 4 months) for a multiple adoption).

Surrogacy leave of 16 weeks (about three and a half months) duration for a single child (18 weeks (about 4 months) for multiple children) was also introduced.

All parents, breastfeeding, and non-breastfeeding, 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, including part-time work, staggered working hours, telecommuting, scheduled breaks for extended learning activities, compressed work schedules, financial support for parents travelling with a child, and phased retirement

WHO strives to follow good practices and track existing work-life balance policies such as part-time work, teleworking, and scheduled breaks for extended learning activities. Since 2020, the use of Teams and other IT tools has been actively promoted, given the emerging needs in the context of COVID-19. In December 2022, DG authorized a "no meeting week" to promote time for individual work and projects.

A three-level global task force was established in Nov 2020 to review the use of WHO's existing contractual arrangements to determine how these arrangements can be designed, adapted, or used more effectively; establish how the related processes can be further improved to support the business needs of the Organization; support hiring managers in choosing the approach that best meets their needs; and ensure that WHO's working environment is supportive and enabling, while remaining productive and responsive to the needs of the workforce and key stakeholders. The task force completed its work and delivered its final report in December 2022. Initiatives to improve WHO working environment have included a Respectful Workplace, Lead Innovation, a growing Ombudsman's Network, and opportunities for staff to learn through iLearn and the UN Staff College.

Recognizing the burden of stress and fatigue on staff and the importance of creating a nurturing, enabling organizational environment where staff can thrive as a workforce, WHO launched an organization-wide Mental Health at Work Programme offering additional counsellors to support staff, Mental Health Mondays to convene as a community to build resilience, a Mental Health at Work platform and app, evidence-based mindfulness training, and an Employee Assistance Programme. The Programme provides the global workforce with a 24/7 counselling service available in 48 languages with coverage in 70 countries. The service is available via phone, email, or application. In addition, the global workforce has access to awareness-raising training on protecting mental health at work, supported by a consultant through self-help groups and interactive webinars on psychosocial issues.

The Department of Staff Health and Well-being (SHW) has contributed to various programs and initiatives, including the United Nations Medical Directors Network, the High-Level Committee on Management Occupational Health and Safety Forum, and the Taskforce on Workforce Mental Health and Wellbeing to implement the UN System Workplace Mental Health and Well-being Strategy. Since January 2023, SHW has organized various health promotion campaigns, including a 1-year subscription to a health and wellbeing platform for the workforce. It continues to provide support before, during, and after deployment to Grade 2 and Grade 3 emergencies with the Regional Staff Physicians and Staff Counsellors.

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) was created in 2020 as an online application and tracking mechanism. This policy was available by staff at every professional and GS level. The reports are available for both occasional and exceptional teleworking arrangements.

Corporate HR policies and initiatives have also been integrating gender and diversity aspects, including:

- Policy on Preventing and Addressing Abusive Conduct (replacing former Policy on Prevention of Harassment and Sexual Harassment) – adopted on 1 March 2021;
- Policy Directive on Protection from sexual exploitation and sexual abuse (SEA) – adopted on 3 December 2021
- Managed Mobility policy and simulation exercise – report published in 2022
- Policy on Recognizing Excellence - reviewed and updated in 2022
- Enhanced Career Management support in the form of workshops, counselling, mentoring, and coaching programmes – delivered throughout 2022
- Career Paths Initiative – ongoing in 2022
- Emotional Intelligence in the Workplace initiative – launched by DG in 2020

Periodic staff meetings by units are scheduled during core working hours and on working days of staff working part-time, with teleconference or other IT means actively promoted.

Periodic staff meetings by units are scheduled during core working hours and on working days of staff working part-time, with teleconference or other IT means actively promoted. Meetings involving workforce participation based in Malaysia, the Western Pacific region, and the Philippines are scheduled for early CET hours to accommodate the time difference.

Regular global staff surveys and mandatory exit interviews

A RFP was launched to select a provider and establish an LTA for five years to conduct corporate surveys and create an in-house database for benchmarking survey findings. The RFP resulted in the establishment of a long-term agreement with two providers to administer organization-wide surveys to standardize survey administration, to consistently apply survey methodology, to avail of a survey help desk, to assist with detailed reporting, and to create a platform for action plans. HRT tasks the provider to ensure gender-sensitive features of all WHO surveys are available, and action plans are developed by all major offices on the platform available by the survey administrator.

From December 2017 to 2022, more than 30 specific all-staff surveys were conducted, primarily linked to major WHO Transformation Initiatives in thematic areas, including gender, diversity, equity and inclusion, contract modalities, career pathways, mental health, innovation, teleworking, and staff health and well-being.

A survey governance mechanism is being implemented to reduce the number of surveys, combine the requirements of various WHO departments, and prevent cybersecurity incidents during surveys.

Mandatory Exit Interviews

Gender analysis of responses to the exit interview questions was done in 2021 to analyze the qualitative aspects of organizational culture and provide insight into issues that affect recruitment, retention, and employee experiences.

Following the recommendations from this analysis, in December 2022, the WHO updated its exit survey for staff leaving the organization to better capture the gender- and diversity-related reasons staff, particularly women, leave the WHO with a view to addressing those concerns.

HRT developed a set of demographic questions to be applied consistently in WHO workforce surveys. These standardized demographics allow a better understanding of respondents' characteristics, such as gender, ethnicity, age, disability, contractual status, grade, languages spoken, etc., and a better analysis of the responses based on consistent demographical terminology. Demographic details provided by survey respondents will ensure that the survey gives a balanced response rate from a diverse pool of participants and representatives. After segmenting and differentiating groups based on a range of demographic factors, we will be able to compare and evaluate how responses can vary from the perspectives of different groups and/or to ascertain how strongly demographic factors could be influencing participants' responses, including feedback provided by women and the rest of workforce.

Back-end segmentation, in addition to overall results, will disaggregate survey data by hiring office, gender, and how long women have worked with the Organization. This will help to determine patterns and will offer insights on individual factors bringing satisfaction down, which office is doing well from the perspective of subordinates and enable formulating interim

pulse surveys with a representative sample (selected themes or selected locations) rather than surveying all the workforce.

Creating governance mechanisms and introducing standards will better organize the conduct of workforce surveys, ensure confidentiality of responses, especially on gender matters, support tracking the impact of post-survey activities have on the Organization over time, control the investment of funds and time spent to carry out workforce surveys and create more engaging surveys that yield higher response and completion rates.

A HR Knowledge Management focal point was hired in 2023 to support the HRT DEI Focal point to analyze exit survey results periodically and develop a new HRT intranet with resources available on gender issues.

Disaggregated reporting functionality will be available for the first time to collect and analyze perceptions of people with disabilities and people of different origins.

Sexual harassment

The policy on Preventing and Addressing Sexual Misconduct and Sexual Harassment was adopted in March 2023. The policy on Preventing and Addressing Abusive Conduct was revised, and a new version of the policy covering harassment (excluding sexual harassment), discrimination, and abuse of authority (collectively, “abusive conduct”) was issued on 20 June 2023.

The Policy continues to be rolled out and includes a robust communication campaign and dissemination of communication materials and resources. It regularly reminds the members of the workforce of their duties in preventing and addressing abusive conduct.

Both optional and mandatory training sessions, tailored to different audiences' needs, have been delivered across the three levels of the Organization. 93% of the workforce completed online courses on the Prevention of sexual exploitation and abuse and United to Respect - preventing sexual harassment and other prohibited conduct (general and managers version). The WHO Ethics Empowerment course assigned on and effective as of May 2023 to all members of the WHO workforce was completed by 83% of the workforce.

Emphasis is being placed on background verification through, in addition to other tools, the use of Clear Check, a United Nations system-wide electronic database that permits the screening of candidates and the sharing of, among other things, information on former personnel against whom allegations of sexual harassment or sexual exploitation and abuse were substantiated. Moreover, a system was established to ensure the implementation of the policy's prevention measures in all offices. New approaches are being explored to expand and strengthen verification and screening services further.

A robust system for Preventing and Responding to Sexual Exploitation, Abuse, and Harassment (PRSEAH) was established to ensure WHO is a safe workplace. A Survivor Assistance Fund has been established, and the reporting system has been streamlined. In addition, a series of educational webinars for all WHO personnel as part of the #NoExcuse campaign has been held. Policies and procedures relating to sexual misconduct were reviewed, and a comprehensive policy framework that puts the protection, rights, and dignity of victims and survivors at the forefront of the efforts was developed. Vacancy notices include the following text: “WHO has a zero-tolerance policy on conduct that is incompatible with the aims and objectives of the United Nations and WHO, including sexual exploitation and abuse, sexual harassment, abuse of authority, racism and all forms of discrimination. All selected candidates undergo rigorous reference and background checks and are expected to adhere to these standards and principles.”

UN Ethics-related Legal Arrangements

A Code of Ethics and a Policy on Preventing and Addressing Retaliation (PAR) were launched by DG on 1st July 2023.

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

- Yes

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

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

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI14 Capacity Assessment

EXCEEDS

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

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

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

Based on these findings, a capacity-building plan was developed through a consultative process with GRE Programme Staff and the GRE network. The plan aims to ensure that WHO staff member is equipped to fulfil their responsibility to take evidence-based, gender-responsive, human rights-based, and equity-oriented actions so that every individual across the world may enjoy their right to the highest attainable standard of health and health-related human rights, free from inequality, discrimination, human rights violations, and abuses, in support of WHO's mandate and international commitments of Member States. Specifically, capacity-building efforts will enable staff to (1) explain key concepts, approaches, mandates, and principles of gender equality, human rights, and health equity and how they contribute to the highest attainable standard of health, (2) demonstrate a commitment to gender equality, human rights and health equity mandates, values and principles in their daily work and deliverables, (3) apply relevant gender-responsive, human rights-based and equity-oriented approaches, resources and tools and adapt them to specific programme and contexts, and (4) advocate for the advancement of gender equality, human rights, and health equity as central to WHO's mandate. The plan outlines key learners and their pathways and describes what actions the GRE Programme needs to undertake to deliver learning opportunities promptly.

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

- No

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

N/A

V. INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY



Performance Indicator:
PI15 Capacity Development

APPROACHING

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

A capacity-building plan has been developed through a consultative process based on capacity assessment results and a review of documents. The capacity building plan outlines a range of learning opportunities that will be made available for WHO staff. These opportunities include:

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

The process for developing the mandatory course has begun. The process for course development is estimated to take 18 months and will be completed in late 2024 or early 2025. This mandatory course aims to provide all WHO staff with a basic understanding of the rationale for prioritizing gender equality, human rights, health equity, and the WHO's related commitments and key concepts.

In addition to the mandatory course planned for the general workforce, differentiated learning pathways made up of a combination of the above learning opportunities targeted to integrating GRE in specific roles are made available for headquarters and regional GRE focal points; country office GRE focal points; WHO representatives, directors, and managers; technical officers; programme officers, management officers, programme managers, and executive officers; training developers and communications and resource mobilization officers.

Several trainings are offered to GRE focal points and WHO staff. These trainings sometimes extend to national counterparts and introduce key GRE concepts and tools and provide participants with information on where to find disaggregated data, how to conduct gender, equity, and rights analyses, and help participants apply principles to their current work – identifying next steps to integrate GRE.

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

- No

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

- Yes

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

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

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

- Yes

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

Programme and technical staff from different regions participate in workshops supported by different grants and prioritized by different offices, as noted above. These workshops range between 90 minutes and three days and provide a varying amount of detail but generally expose participants to key GRE concepts and tools and provide participants with information on where to find disaggregated data, how to conduct gender, equity, and rights analyses, and help participants apply principles to their current work – identifying next steps to integrate GRE.

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

- No

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

N/A

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



Performance Indicator:
PI16 Knowledge and Communication

EXCEEDS

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

Created, published, and shared a diverse range of gender-responsive products, messages, and materials. Gender-Responsive Communications Recommendations, first published in 2022, were translated into a sustained push for further gender mainstreaming throughout 2023. During 2023, WHO's public communications highlighted various human rights issues facing women, such as the criminalization of abortion, lack of access to safe abortion services, violence against women, and exploitative marketing.

Across the organization, a wide range of communications materials focused on health topics that are gender specific or disproportionately affect women were shared including for example cervical cancer, sexual health and reproductive rights, and violence against women.

In addition, the GRE Department in collaboration with the Department of Communications and the Sexual and Reproductive Health Research Department has been working to increase public knowledge sharing on gender equality, women's empowerment, and issues for transgender people.

Various awareness-raising campaigns coinciding with global observance days, weeks, or months have been conducted. These highlighted the gender dimensions of different health topics and the unique health challenges faced by women and girls and, in some cases, men.

Communication materials are provided in all six official languages wherever possible to improve the accessibility for women and men living in diverse contexts.

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

The WHO communications plan was modified in 2021 to include gender equality and women's empowerment. The impact of the 2022 Gender-Responsive Communications Recommendations was seen throughout the year, and the new communication

plan for 2023 similarly included components on gender equality and women’s empowerment.

In 2023, WHO also adopted SAGER guidelines and included it in its publication policy in 2023 to foster a more systematic reporting of sex and gender dimensions of WHO’s publications.

The internal Workplace page allows colleagues to ask questions and exchange views about gender mainstreaming in communications.

“The preceding Communications Strategy remained effective throughout 2022-2023. The upcoming update, anticipated in 2024, is progressing well and includes a focus on achieving a more seamless integration of gender considerations.”

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

Members of the GRE Department and of other Departments in WHO are actively involved in, and regularly coordinate with, knowledge sharing and communications efforts through the following groups and networks: UN-SWAP Inter-Agency Network:

1. IANWGE: Inter-Agency Network on Women and Gender Equality
2. Inter-Agency Standing Committee (IASC)
3. UN Task Force on Violence Against Women
4. UN joint programme on VAW data
5. SDG3 GAP Gender Working Group
6. UN Joint program on essential services for violence against women
7. UN Gender Focal Points Network (Formerly, The UN Gender Focal Points/ Focal Point for Women)

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

- No

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

N/A

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



Performance Indicator:
PI17 Coherence

MEETS

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

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

IANGWE (UN Interagency Network on Gender and Women's Equality), including active participation in the following IANWGE working groups: Intersectionality, Rural Women; Gender Architecture

UN Task Team: UN system-wide policy & strategy on protection from violence & discrimination based on SOGIESC

UN Gender Focal Point Network

SDG3 Global Action Plan Gender Working Group (SDG GAP)

Generation Equality Action Coalition on Gender-Based Violence

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

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

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

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


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


- No

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


N/A


VIII. World Health Organization ACTION PLAN 2023


 PI1 Strategic Planning Gender-Related SDG Results MEETS	Action Plan	Working to include at least one high-level transformative result on gender equality and the empowerment of women in GPW14, which will contribute to meeting SDG targets.
	Responsible For follow up	Monitoring, Forecasting and Inequalities Unit will assume the responsibility of tracking progress with programme technical officers, documenting advancements, and providing data as needed for reporting purposes.
	Resources Required	200000
	Use of Funds	No funds available to be allocated
	Timeline	The planned time frame will be by 2025 in alignment with the development of GPW 14.


 PI2 Reporting on Gender- Related SDG Results MEETS	Action Plan	Working with technical programs to review further indicators where sex disaggregation is required and work with them to incorporate the use of a sex disaggregation reporting system.
	Responsible For follow up	Monitoring, Forecasting & Inequalities unit will assume the responsibility of tracking progress with program technical officers. It would document the advancements, and provide the data as needed for reporting purposes.
	Resources Required	200000
	Use of Funds	Funds not available for allocation


	Timeline	The planned time frame will be by 2025 in alignment with the development of GPW 14
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 <p>PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan</p> <p>NOT APPLICABLE</p>	Action Plan	N/A
	Responsible For follow up	N/A
	Resources Required	N/A
	Use of Funds	N/A
	Timeline	N/A



 <p>PI4 Evaluation</p> <p>EXCEEDS</p>	Action Plan	Facilitate and ensure:1. Evaluation office staff and regional office focal points participate in external professional evaluation events and learning opportunities on GEEW/HR integration in GNE evaluations. 2. Gender equality, women empowerment, human rights analysis, ethical standards, and participatory approaches are included in the ToRs of future evaluations to address the issue in the evaluation reports. 3. Continue focusing and enhancing mainstreaming GEEW and HR approaches into various relevant stages of evaluations, particularly ensuring inclusion in evaluation frameworks to increase inclusion of GEEW and HR through greater attention to UNEG guidance in all evaluation phases. 4. Systematic use of an evaluation matrix with questions and sub-questions relevant to GEEW/HR and their inclusion as an annex in the evaluation reports. 5. Evaluation questions assess the unanticipated effects of the intervention on human rights and gender equality. 6. Different social groups and disaggregation of data triangulate the evaluation findings, such as members of women’s groups, patient organizations, or high-risk groups, etc. 7. Ethical standards are maintained in all evaluations to ensure a ‘no harm approach’ for the respondents. 8. Follow-up of the Decentralized Evaluation Framework to guide evaluations by programme managers in Regional/ Country Offices and technical programmes to incorporate GEEW. 9. Greater harmonization across the inclusion of specific cross-cutting issues, i.e., GEEW/HR under UNSWAP and disability assessments under UNDIS, to avoid overwhelming staff time requirements and achieve the respective goals.
	Responsible For follow up	The Evaluation Office of WHO will collaborate with the Gender, Equity and Human Rights Department (GRE) department and Regional Offices’ evaluation officers to ensure that gender, equity, and human rights are included in the design and content. The Evaluation Office will provide support and quality assurance to corporate and decentralized evaluations. The Evaluation Office will also provide capacity-building opportunities to build a stronger community of practice through the GRE. The Evaluation Office will also analyse factors that have facilitated or hindered the integration of these dimensions.
	Resources Required	30000
	Use of Funds	Funds available within the WHO biennial evaluation office 2024-2025 work plan
	Timeline	2 years



 <p>P15 Audit</p> <p>MEETS</p>	Action Plan	Consult with management and gender focal points at various levels of the Organization and other oversight functions to identify and assess gender-specific risks and continue to hold periodic consultations with the GRE department (Q2 and 4 and as and when needed in 2024) Conduct specific audit tests on GEHRD-related issues as part of integrated audits and consider gender during our operational audits (Q 3/Q4 of 2025) Track gender-related audit recommendations and include relevant gender equality findings identified during 2023 internal audits in the Report of the Internal Auditor to the World Health Assembly (through 2024). Consider the inclusion of a Gender audit in our audit work plan for 2025 as the “Roadmap to Advance Gender Equality, Human Rights, and Health Equity 2023-2030” was just launched recently in December 2023, and logically, a minimum of one year is necessary for this to be implemented (Q 1/ Q2 2024)
	Responsible For follow up	IOS Audit unit, with support from the GRE Unit in HQ
	Resources Required	0
	Use of Funds	No additional funds are required as this is part of IOS's work.
	Timeline	2024 and 2025

 <p>P16 Policy</p> <p>MEETS</p>	Action Plan	The WHO will accelerate the implementation of the GRE Roadmap, dedicating sufficient human and financial resources for its implementation. The proxy indicator for this will be the full implementation of the GRE department work plan for 2024. The steering committee will meet at least once in 2024 and perform its function as per endorsed terms of reference.
	Responsible For follow up	The GRE department will lead in implementing the GRE Roadmap and provide the required support to the steering committee.
	Resources Required	6
	Use of Funds	A proportion of these resources has been committed by senior management from assessed contributions, and resource mobilization efforts are underway to increase the available funding for this plan. This includes collaborative work with the WHO department for resource mobilization, which has been capacitated and incited to probe donors for GRE resources systematically.
	Timeline	One Year


 <p>P17 Leadership</p>	Action Plan	<ul style="list-style-type: none"> Work systematically with WHO communications to increase GRE references in communications efforts Increase the proportion of DG speeches that reference GRE by working with directors to ensure they include GRE messaging in their briefs to the DG Implement recommendations on how to improve gender parity in member state delegations from existing analysis
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	Responsible For follow up	The GRE Department will lead the integration of GRE in speeches, and the governing bodies department will lead on the implementation of measures to improve gender parity.
	Resources Required	22500
	Use of Funds	DG Office would provide the reosurces
	Timeline	One Year


 <p>P18 Gender-responsive performance management</p> 	Action Plan	Continue working with the ERP team to ensure carryover of individual performance evaluation features, in particular, performance assessment of progress to achieve the gender parity goal in the new ERP template. Continue with the annual Awards of Excellence process with a Ceremony in December every year. Continue performance management for gender and diversity at all levels.
	Responsible For follow up	Human Resource and Talent Management
	Resources Required	0
	Use of Funds	The Human Resource and Talent Management Department has taken concrete measures its internal funds for gender-responsive performance management system and rated as exceeding the requirements. The department would continue to use its internal funds to maintain the exceed status.
	Timeline	One Year

 <p>P19 Financial Resource Tracking</p> 	Action Plan	Continue to fully implement the four-scale gender marker, in line with the UN best practice, following its incorporation in the operational planning of the Programme Budget 2024-25. This entails applying the GEM on all products and services in the WHO country offices, regional offices, and headquarters work plans. Adapt Power BI planning and implementation dashboards to facilitate monitoring and analysis of the newly established GEM. Develop an iterative process for review and quality check of the markers in all offices (after completion of the operational planning). Report to the UN CEB on the financial contributions to gender equality using the GEM.
	Responsible For follow up	Departments of GRE & PRP
	Resources Required	0
	Use of Funds	Internal resources of PRP will be utilised
	Timeline	Quarters 1, 2, 3, and 4 of 2024 for all action points except for the Report to the UN CEB on the financial contributions to gender equality, which would be implemented in Quarter 2 of 2026.


	Action Plan	With the introduction of the GEM, a new financial benchmark will need to be established in consultation with the Member States for approval by the
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 <p>PI10 Financial Resource Allocation</p> <p>APPROACHING</p>		governing bodies, either as part of an overarching strategy on advancing health equity, gender equality, and human rights or included in the programme budget. With the introduction of the GEM, the following calculations will be used: score of 0= 0% of expenditure, 1= 15%, 2= 30%, and 3= 80%. These percentages are based on UN best practices. The implementation of the internal “Roadmap of the WHO Secretariat to Advance Health Equity, gender equality, Human Rights 2023–2030” will also be measured. It contains indicators for this purpose and sets internal targets for the combined investments in health equity, gender equality, and human rights based on applying the ‘gender equality marker’ and ‘human rights marker.’ The targets for investments in these areas are set for the total expenditure of the Organization to be 10% in 2025, 15% in 2027, and 20% in 2030.
	Responsible For follow up	Planning, Resource Coordination, Performance Monitoring, and Gender, Diversity, Equity, and Human Rights Departments in discussion with Member States and Senior Management.
	Resources Required	0
	Use of Funds	N/A
	Timeline	The discussions on the provisional programme budget 2026-27 will commence in Q3 2024, and a potential benchmark could be brought into those discussions. The programme budget for 2026-27 will be presented for approval by the World Health Assembly in May 2025. With the introduction of the GEM in the operational planning of the Programme Budget 2024-25, a baseline for the expenditures can be established (Q1 2026).


 <p>PI11 Gender Architecture</p> <p>MEETS</p>	Action Plan	Finalize recruitment of D2 Increase the number of GRE focal points at regional and country levels. Mobilise funds for the GRE Workplan
	Responsible For follow up	The GRE Department will develop terms of reference and implement a nomination process for GRE focal points at regional and country levels.
	Resources Required	14579500
	Use of Funds	N/A
	Timeline	One Year


 <p>PI12 Equal representation of women</p> <p>APPROACHING</p>	Action Plan	Continue implementation of the Gender Parity Implementation Plan designed and published by HRT on 6 March 2023 Roll out of ADG Compact and monitor the progress of gender parity across the organization. Achieving annual gender targets at D1/D2 grades through intensified activities to replenish the WR talent pool, renewed outreach efforts, and other mechanisms.
	Responsible For follow up	Responsibilities for follow-up align with the Gender Parity Implementation Plan for 2023-24, where roles and accountabilities are formulated for all workforce, hiring managers, HR, Gender focal points, senior leaders, and the Human Resource and Talent Management Department.
	Resources Required	0


	Use of Funds	Human Resource and Talent Management Department would utilise its internal resources
	Timeline	Three Years (2024 to 2026)

 <p>PI13 Organizational culture</p> <p>NOT APPLICABLE</p>	Action Plan	Organizational Culture survey for all WHO workforce (over 17,000 employees) to assess perceptions on workplace culture, gender, and other dimensions of diversity. Launch of updated and automated Exit Questionnaire. Pilot testing of remote working assignments. Annual intersectional gender analysis of exit survey
	Responsible For follow up	Human Resource and Talent Management Department
	Resources Required	0
	Use of Funds	Part of the workplace and budget of HRT
	Timeline	One Year


 <p>PI14 Capacity Assessment</p> <p>EXCEEDS</p>	Action Plan	Disseminate capacity building plan Develop learning opportunities Develop metrics for assessing the effectiveness of learning opportunities
	Responsible For follow up	Gender Rights and Equity Department
	Resources Required	875000
	Use of Funds	Partial funds are available for the implementation of the capacity-building work plan. Resource mobilization efforts are underway for the total financing of the GRE action plan.
	Timeline	One Year

 <p>PI15 Capacity Development</p> <p>APPROACHING</p>	Action Plan	Work with the WHO Academy and the Department for Human Resources and Talent Management (HRT) to develop the mandatory course for the WHO workforce.
	Responsible For follow up	Gender Rights and Equity Department
	Resources Required	150000
	Use of Funds	While the GRE department has earmarked funds for this activity, additional financing can be made available through the WHO Academy, and further funds from the Human Resource and Talent Management Department can be sought to complement.
	Timeline	December 31, 2024, for the English Module, and June 2025, for all languages.


 <p>PI16 Knowledge and Communication</p> <p>EXCEEDS</p>	Action Plan	1. Engage DCO in at least one of the inter-agency groups on gender equality and women empowerment. 2. Form a working group – or integrate this into the series of three-level communications town halls- to explore the issues around gender-responsive language and agree on a standard to be employed throughout all departments and all levels of the organization. 3. Adapt the Gender-Responsive Communications Recommendations to provide to all external communications suppliers to ensure consistency across all WHO visuals. 4. Expand the training (pending available resources) for gender-responsive communications to reach all different technical departments at the three levels of the organization. The training will also be available for communications teams, speechwriters, and senior management to ensure all those working on high-level communications are confident in creating gender-responsive materials. 5. Develop a systematic approach to including gender considerations in the individual communications plans developed throughout the year for the various campaigns, events, and launches the Department of Communications supports. 6. Ensure SAGER guidelines are adopted in publications.
	Responsible For follow up	The Department of Communications, The Gender, Rights and Equity Department, and gender focal points throughout WHO. In addition, the Department of Communications will make some key changes to ensure effective gender mainstreaming and more consistent communications on gender issues both internally and externally.
	Resources Required	50000
	Use of Funds	The required amount ranges between 25000-and 50,000 and would be met by the internal budget of DCO
	Timeline	One Year


 <p>PI17 Coherence</p> <p>MEETS</p>	Action Plan	Identify a partner to support their implementation of a UNSWAP indicatorEngage in a UNSWAP peer review
	Responsible For follow up	Gender Rights and Equity Department
	Resources Required	45000
	Use of Funds	N/A
	Timeline	One Year

IX. SUPPORTING DOCUMENTATION


 <p>PI1 Strategic Planning Gender-Related SDG Results</p> <p>GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT</p> <p>MEETS</p>	


Category	Documents
Strategic Plan/Strategic Framework or equivalent	PI - 1 & 2 GPW 13 2019.2023
Strategic Plan/Strategic Framework or equivalent	PI - 1 & 2 GPW 13 Extension MS Consultation Summary July 2022
Other	PI-1 WHO Methods and Data Sources for Country Level Causes of Death 2000-2019
Other	PI-1 WHO Methods and Data Sources for Life Tables 1990-2019
Other	PI-1 WHO Results Framework Delivering-A Measurable Impact in Countries 23.11.2023
Other	PI- 1 Programme Budget 2022-2023
Other	Ind Eval RBM Framework+MTR


 PI2 Reporting on Gender-Related SDG Results GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT MEETS	
Category	Documents
Other	PI - 1 & 2 GPW 13 2019.2023
Other	PI - 1 & 2 GPW 13 Extension MS Consultation Summary July 2022
Other	PI-1 WHO Methods and Data Sources for Country Level Causes of Death 2000-2019
Other	PI-1 WHO Methods and Data Sources for Life Tables 1990-2019
Other	PI-1 WHO Results Framework Delivering-A Measurable Impact in Countries 23.11.2023
Other	PI-2 GHO Dim
Other	PI-2 User Guide for Mortality Data Online Submission V1.0 2023.07.12 Annual English
Other	Ind Eval RBM Framework+MTR
Annual report	PI-2 Annual Report - World Health Organisation Statistics 2023 English
Other	PI- 1 Programme Budget 2022-2023
Other	PI-02 UNSWAP Supporting Document for Sex Disaggregated Data Feb 27, 2024

 PI3 Programmatic Gender-Related SDG Results not Directly Captured in the Strategic Plan GENDER-RELATED SDG RESULTS /RESULTS-BASED MANAGEMENT NOT APPLICABLE	
Category	Documents

	No documents uploaded
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 PI4 Evaluation GENDER-RELATED SDG RESULTS / OVERSIGHT	
EXCEEDS	
Category	Documents
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation DJIBOUTI EVAL REPORT Jan 2024
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation WHO 2023 UN-SWAP Scorecard Dec 2023
Report of corporate gender mainstreaming evaluation	PI-4 Evaluation WHO NHIF Health Financing Project, Final Report. SO.OH
Other	PI-4 Supporting Documents Links 2023

 PI5 Audit GENDER-RELATED SDG RESULTS / OVERSIGHT	
MEETS	
Category	Documents
Other	PI-5 Annex I Extract from the Audit Matrix Gender Related Tests Dec 2021
Other	PI-5 Annex II-WHO 2023 Internal Auditor Report A76-23 English

 PI6 Policy INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY	
MEETS	
Category	Documents
Other	PI-6 SAGER Guidelines
Other	PI-6 WHA Resolution 76.16 on the Health of Indigenous Peoples.
Gender Policy/Strategy	PI-6 WHO DEI Draft Strategy

Other	PI-6 WHO Steering Committee for Advancing Gender Equality, Human Rights and Health Equity – Terms of Reference
Gender Policy/Strategy	PI-6 AR-WHO-policy-on-preventing-and-addressing-sexual-misconduct
Gender Policy/Strategy	PI-6 ARABIC GRE Roadmap
Gender Policy/Strategy	PI-6 CHINESE GRE Roadmap
Gender Policy/Strategy	PI-6 ENGLISH GRE Roadmap
Gender Policy/Strategy	PI-6 FRENCH GRE Roadmap
Gender Policy/Strategy	PI-6 RUSSIAN GRE Roadmap
Gender Policy/Strategy	PI-6 RUSSIAN GRE Roadmap



PI7 Leadership

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

MEETS

Category	Documents
Other	AC funding for GRE Confidential
Other	PI-7 Checklist for GRE Focal Point for Leadership Speeches
Meeting/Workshop agendas	PI-7 EB 152 Agenda
Other	PI-7 Gender Parity Policy March 2023
Other	PI-7 Geneva Alliance Against Racism – Declaration
Other	PI-7 GRE Language Resource for Resolutions and Other Governing Bodies Documents
Other	PI-7 GRE March Newsletter
Other	PI-7 GRE Related WHO Social Media Campaigns
Other	PI-7 MS EB154 Invitation Letter English
Other	PI-7 MS WHA76 Invitation Letter English
Other	PI-7 New GRE related WHO Webpages
Other	PI-7 Sex Disaggregated Statistics Training-Mentoring 2023



PI8 Gender-responsive performance management

INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / ACCOUNTABILITY

EXCEEDS

Category	Documents
Systems of recognition	PI-8 Awards Criteria English and French
Systems of recognition	PI-8 Regional Director Award to Individuals and Teams
Performance management document	PI-8 HR BI Report Catalogue
Core values and competencies	PI-8 HR BI internal User's Guide
Core values and competencies	PI-8 Diversity Statement
Systems of recognition	PI-8 Excellence Award Policy 2022
Core values and competencies	PI-8 Global HR Community May 2023 Provisional Agenda 2 May 2023
Systems of recognition	PI-8 DG Email Nomination for Excellence Award 2023
Performance management document	PI-8 Information Note to All Staff Launch of HRBI Dashboard
Core values and competencies	PI-8 Information Note to All Staff Reasonable Accommodation
Core values and competencies	PI-8 Invitation Global Webinar Reasonable Accommodation




PI9 Financial Resource Tracking


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

MEETS


Category	Documents
Financial resource tracking information	PI 9 and PI 10 Classification GER Expenditure BI 2023
Gender Marker Guidelines	PI9 and PI 10 Guidance for OP 24-25 Final V2 2023
Other	PI9 and PI10 Annex A GPW 13 Results Framework 2023
Other	PI9 and PI10 Annex I Meeting WHO's Organizational Requirements for Advancing GRE2023
Other	PI9 and PI10 Audited Financial Statement for 2022 A76 17 English 2023

Other	PI-9 and PI-10 MTR Dataset for Results Report 2023
Financial resource tracking information	PI-9 and PI-10 Expenses SDGs 2023
Gender Marker Guidelines	Screen Shot WHO Dashboard for PI-10 Feb 26, 2024
Other	PI9 and PI 10 Guidance for OP 24-25 final v2 2023
Other	PI9 and PI10 Annex I. Meeting WHO's organizational requirements for advancing gred 2023

 PI10 Financial Resource Allocation INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES APPROACHING	
Category	Documents
Other	PI-10 Annex A GPW 13 Results Framework 2023
Other	PI-10 Annex I Meeting WHO's Organizational Requirements for Advancing GRE2023
Other	PI-10 Audited Financial Statement for 2022 A76 17 English 2023
Other	PI-10 Classification GER Expenditure BI 2023
Other	PI-10 GPW13 2023
Other	PI-10 Guidance for OP 24-25 Final V2 2023
Other	PI-10 MTR Dataset for Results Report 2023
Other	PI-9 and PI-10 Expenses SDGs 2023
Other	PI- 1 Programme Budget 2022-2023


 PI11 Gender Architecture INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES MEETS	
Category	Documents
Other	PI-11 Global HR Community May 2023 Provisional Agenda 2 May 2023
Other	PI-11 GRE Costed Action Plan Which Includes A Three Level Staffing Plan
Other	PI-11 GRE HQ Org Chart
Focal Point Terms of Reference	PI-11 ToRs GEHR Focal Points - HQ Departments
Other	UN-GLOBE COORDINATOR MEETING Flyer 2023
Other	PI-11 Invite Global Webinar Reasonable Accomodation

Other	GRE ALM meeting 2023 report GRE

 PI12 Equal representation of women	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
APPROACHING	
Category	Documents
Parity Strategy/ Implementation Plan	PI-12 WHO Gender Parity Implementation Plan
Parity Strategy/ Implementation Plan	PI-12 Gender Parity Policy March 2023
Other	PI-12 HR BI Report Catalogue
Other	PI-12 HR BI Internal User's Guide
Other	PI-12 Draft Compact

 PI13 Organizational culture	
INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / HUMAN & FINANCIAL RESOURCES	
MEETS	
Category	Documents
Flexible Work Arrangement Policy	P1-13 Flexible Working Arrangements
Other	PI- 13 Information Note for DEI 28 Feb 2022 Y 2
Other	PI-13 Amendments to WHO eManual III.6.16 -Maternity leave English Y 3
Other	PI-13 Code of Ethics Y 4
Other	PI-13 Excellence Award Policy 2022 Y 5
Other	PI-13 Gender Parity Implementation Plan Y 6
Other	PI-13 Geographical Mobility Policy June 2023 Y 7
Other	PI-13 Global HR Community May 2023 Provisional Agenda 2 May 2023 Y 8
Other	PI-13 Integrity Hotline New Provider and Platform From December 2021 Y 10
Other	PI-13 Policy on Addressing and Preventing Abusive Conduct Y 11
Other	PI-13 Policy Preventing and Addressing Retaliation July 2023 Y 13
Leave Policy	PI-13 Respectful Workplace Program-PRSEAH Policies Information Note-Links to Policies 2023 Y 12
Leave Policy	PI-13 Questionnaire for Establishing a GER Focal Point Network Across WHO Preview Y 9

Other	PI-13 Revised WHO Exit Survey Questions 2023 Y 14
Leave Policy	PI-13 Whistleblowing and Protection Against Retaliation Y 15

 PI14 Capacity Assessment INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY EXCEEDS	
Category	Documents
Capacity assessment survey/questionnaire	PI-14 Capacity Assessment Survey Results
Capacity assessment survey/questionnaire	PI-14 Capacity Assessment Survey
Capacity assessment survey/questionnaire	PI-14 Capacity Building Plan

 PI15 Capacity Development INSTITUTIONAL STRENGTHENING TO SUPPORT ACHIEVEMENT OF RESULTS / CAPACITY APPROACHING	
Category	Documents
Other	PI-15 Draft Concept Note GER Intercountry Workshop WHO Canada
Other	PI-15 GRE - Roadmap of the WHO Secretariat 04.12.2023 EN
Other	PI-15 Human Rights Based Approach- Integrating HR into health programmes Namibia
Other	PI-15 Invitation Webinar
Other	PI-15 GRE - Roadmap of the WHO Secretariat 04.12.2023 FR
Other	PI-15 GRE - Roadmap of the WHO Secretariat 04.12.2023 SP
Other	PI-15 GRE - Roadmap of the WHO Secretariat 05.12.2023 RU
Other	PI-15 GRE - Roadmap of the WHO Secretariat 06.12.2023 AR
Other	PI-15 GRE-Roadmap of the WHO Secretariat 06.12.2023 CH



PI16 Knowledge and Communication

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

EXCEEDS

Category	Documents
Other	UN SWAP Supporting Documents Ind 16 DCO PH Jan 22, 2024
Communication plan	WHOCommsstrategy-7Sep22



PI17 Coherence

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

MEETS

Category	Documents
Peer Review report	PI-17 WHO Review of ITC Performance 27.01.2021
Peer Review report	PI-17 ITC Review of WHO Performance FINAL 20.01.2021
Other	PI-17 46-00-90-58
Other	PI-17 EMRIP UNESCO Side Event 20 July 2023
Other	PI-17 Flyer Indigenous Webinar 07 August 2023
Other	PI-17 Generation Equality Accountability Report-2023
Other	PI-17 Generation Equality Commitment Reporting Survey 2023
Other	PI-17 GENEVA ALLIANCE against Racism Comments on Draft Declaration
Other	PI-17 Geneva-based Gender Focal Points Meeting
Other	PI-17 Good Practice Webinar EC Rural Health
Other	PI-17 IANWGE Annual Session Draft Report 2023
Other	PI-17 IANWGE Inter-sessional Meeting Provisional Agenda 20 November 2023
Other	PI-17 KOLLER PDF 25 April 2023 with Extras
Other	PI-17 KOLLER Speaking Points 27 Sept 2023
Other	PI-17 Launch of UN Network E-Learning Package

UN-SWAP 2.0

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

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UNITED NATIONS SYSTEM COORDINATION DIVISION, UN WOMEN

UNSWAP.Helpdesk@unwomen.org

