

Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization

Evaluation brief – September 2021

Purpose and objective of the evaluation

The Thirteenth General Programme of Work 2019-2023 (GPW13) positions the integration of gender, equity and human rights into WHO's work as a key strategy for achieving the Triple Billion goals and for Leaving No One Behind in the achievement of the health-related Sustainable Development Goals.

This evaluation was requested by the Member States during the 146th session of the Executive Board in 2020. It is also a requirement of the UN sector-wide action plan (UN-SWAP) to conduct such an evaluation every five to eight years in relation to the mainstreaming of the gender equality and women's empowerment component. The evaluation's overall objective was to assess the extent to which gender, equity and human rights considerations have been meaningfully integrated into the work of WHO at all levels, how effective such integration has been and how optimally the Organization has operated towards achieving progress in these areas.

Key findings and conclusions

Question 1: To what extent have gender, equity and human rights been meaningfully integrated into the work of the Organization?

There has been no formally endorsed gender mainstreaming strategy since the 2007 strategy which expired in 2011, and the gender, equity and human rights road map covering the period 2014- 2019 was not replaced by another Organization-wide strategic document specific to those thematic areas. Since 2019, the way these dimensions are featured in successive programme budgets has evolved to an increasingly mainstreamed approach and, while there is an output in the biennial programme budget relating to corporate aspects of gender, equity and human rights, there is no corresponding outcome that Member States and the Secretariat have a shared responsibility for achieving. There is a gap in terms of a specific strategy outlining how WHO intends to operationalize the integration of gender, equity and human rights into its work.

As part of the WHO Transformation, gender mainstreaming, previously enshrined in a specific department, was subsumed into the gender, equity and human rights cluster of thematic areas. Recent work on gender has progressed unequally in the different

technical departments. The strongest work has been on equity, the dimension that has the most natural fit within the GPW13 and its central Universal Health Coverage agenda. Although human rights are well captured in policy documents, when it comes to actual strategies and operational plans there is less consistency. While interlinked, each dimension is operationalized differently and requires different technical expertise.

The integration of gender, equity and human rights in corporate functions and organizational capacity has stagnated in recent years as highlighted by internal and external mechanisms of organizational accountability (Output Score Card, UN-SWAP, MOPAN).

In terms of programmatic and technical functions, a promising area is guidelines development, which now requires the systematic consideration of gender, equity and human rights at all stages. The extent to which these areas have been integrated has differed among the regions, even though equity considerations feature prominently in all regions. At country office level, a great majority of the Country Cooperation Strategies analysed did not systematically integrate gender, equity and human rights considerations.

Question 2: What tangible results have been achieved through the integration of gender, equity and human rights into the work of the Organization?

There have been continuous efforts to reach gender parity in staffing and equitable geographical representation in the WHO workforce with a number of recent initiatives undertaken on promoting a respectful workplace as part of the WHO Transformation. More generally, key issues in terms of promoting inclusion and diversity in the organizational culture that were not sufficiently addressed included discrimination related to gender, sexual orientation and gender identity expression, and racism. There is currently no framework in WHO for assessing capacity development needs on gender, equity and human rights although some initiatives have taken place to address these needs. Targeted capacity building and mentoring to Directors in different technical areas has been highlighted as a key gap.

Across programmatic areas there has been increased emphasis on compiling global data disaggregated by gender and other dimensions of health inequalities, and

WHO has produced tools to support countries in conducting analysis and planning to address barriers to accessing health care relating to equity, rights and social determinants of health. Regional initiatives have also driven impact in countries and at country level the evaluation has documented key outcomes of WHO's work to promote gender, equity and human rights integration.

WHO has streamlined its impact framework to align with the 2030 Agenda, and equity features prominently in this framework, with attention to multiple aspects of vulnerability. At output level, the main reporting mechanisms are the programme budget reporting and the Output Score Card but a major gap remains in terms of a results monitoring framework capturing the respective outcomes of WHO's contribution to gender, equity and human rights integration in the different technical areas.

Question 3: How efficiently has WHO organized itself and worked with others to integrate gender, equity and human rights into the work of the Organization in the most meaningful manner possible and achieve optimal results through such integration?

At headquarters, the gender, equity and human rights architecture is composed of the GER Unit and designated focal persons in each department. More widely within the Organization, gender, equity and human rights capacity has no clear coordination or accountability lines between its various operational units and differing set-ups and levels of institutional capacity among the regions. The GER Unit at headquarters, despite being hindered in recent years by a lack of adequate human resources and a leadership gap, performs many key functions towards the Organization's integration of gender, equity and human rights, and its positioning in the Office of the Director-General during the Transformation exercise has given more prominence to the need for all departments to account for these areas in their work.

Examples of collaboration on gender, equity and human rights exist across the Organization, including through the Global GER network; however silos exist between technical areas, hampering effective sharing of technical resources. At country level, the sometimes disjointed approach leads to inefficiencies and confusion in the absence of a well-articulated framework.

Question 4: What factors have affected the Organization's ability to meaningfully integrate gender, equity and human rights into its work?

Facilitating factors include WHO's strong mandate in this area embedded in its governing bodies documents, and the GPW13 aligned to SDG targets, combined with

supportive leadership from senior management for the integration of gender, equity and human rights. WHO's expertise in relevant technical areas is also widely recognized, and it enjoys strong relationships and convening power with ministries of health. Hindering factors include low and decreasing levels of investment, insufficient human resources dedicated to this area, and a lack of accountability on the part of managers and directors in ensuring the integration of gender, equity and human rights in their area of responsibility.

Major external drivers for the integration agenda and increased attention in WHO include WHO donors' support and advocacy for gender equality and women's empowerment, and rights-based approaches in health programmes, as well as UN-wide compacts such as UN-SWAP and human rights treaties. Member State requests for technical support in relation to gender and equity integration, and to a lesser extent human rights, have also increased in recent years. However, given WHO's funding constraints, gender, equity and human rights integration is not adequately supported by flexible funding and sufficient human resources at the three levels of the Organization.

Recommendations

Recommendation 1: WHO should develop the policy and strategic framework around gender, equity and human rights by i) outlining the conceptual framework guiding the Organization's technical work in each of the three areas and ii) spelling out how WHO intends to operationalize them.

Recommendation 2: WHO should develop and appropriately resource the gender, equity and human rights architecture across programmes and at the three levels of the Organization.

Recommendation 3: WHO should stabilize and strengthen the headquarters GER Unit driving the corporate integration of gender, equity and human rights internally, and coordinating the integration of these cross-cutting issues in technical areas.

Recommendation 4: As part of the Transformation agenda, WHO should address awareness and capacity development needs for gender, equity and human rights integration at all levels.

Recommendation 5: WHO should emphasize streamlined support to Country Offices work for impactful integration of gender, equity and human rights.

Contacts

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Hyperlinks: [Evaluation report](#) and its [Annexes](#).