

Is World Health Organization (WHO) walking the talk on gender equality?

Reflections on WHO's Global Program of Work (GPW13) Advanced Draft (5 January 2018)

By: Dr. Roopa Dhatt, Dr. Kelly Thompson and Ann Keeling

Graphics by: Caity Jackson

Bold moves, imbedded in a transformative vision for WHO and global health, DG Dr. Tedros' commitment to gender equality, is accelerating progress of gender equality in global health. Clear funding streams, widespread support within WHO and among other is the next step to solidify the plan.

"Over 70% of the health workforce are women. Gender parity makes sense. If WHO can't make headway, then who can?" – Dr. Tedros, Director General of WHO



As WHO prepares its strategy for the 13th General Programme of Work (GPW), we applaud DG Dr. Tedros and the GPW13 drafting team on the immense progress on gender and rights. The GPW13 advanced edited draft demonstrates that WHO's leadership understands the importance of the gender dimensions of health and well-being, from prevention to treatment to access, especially with direct acknowledgement of SDG5's (achieving gender equality and empowering all women and girls) link to SDG3 (Health and Well-Being for all). It states that "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" (GPW13).

Specifically, throughout the GPW13 there is significant commitment to advancing gender equality through notable gender mainstreaming, especially in Universal Health Coverage (UHC), and other more specific areas of focus: communicable diseases, emergencies, in fragile and post-conflict states and climate change with inclusion or greater emphasis than previous drafts. There is continued commitment to universal access to sexual and reproductive health and reproductive rights commitment, "work to end all forms of discrimination against women and girls everywhere; to eliminate 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" (GPW13). There is also continued commitment to gender disaggregated data in parts of the GPW13. Furthermore, the commitment to gender equality is not only external and programmatic, there is explicit mention of strengthening critical systems and processes to optimize organizational performance in relation to a gender transformative workplace and achieving gender parity targets at the most senior levels.

While these are all steps in the progressive direction, a challenge remains to ensure these commitments are linked to sufficient funding streams to budget for gender, equity and rights work; incorporated into the performance review of all WHO's leadership at HQ, Regional and Country level offices, and gender mainstreaming across all program areas of work at WHO.

Women in Global Health proposed a series of strategies ([link to recommendations](#)) to achieve gender parity in global health leaders within WHO and to strengthen gender equality in WHO's work. Below is an assessment of the GPW13 from a gender lens based on Women in Global Health's recommendations. We submitted 30+ recommendations – this GPW has integrated **24 out of our 30 recommendations**. We acknowledge that most of the points that have not been addressed are mainly operational in nature (5 points), therefore **96% of recommendations for planning have been integrated, giving the GPW13 an A+ score on gender equality**. A few of these have been highlighted below:

WHO Organizational Culture

- ✓ A senior staff member appointed as a WHO Gender Parity Champion.
 - Ms Diah Saminarsih was appointed as *Advisor on Gender and Youth* in the Office of the Director General.
- ✓ A commitment to gender sensitive workplace and work culture.
- ✓ A senior leadership committed to achieving gender equality.
- ✗ Achieving gender parity in the annual performance plan and review and make it a mandatory performance indicator for WHO Regional Directors and WHO Representatives at country level.
- ✓ Appoint a minimum of 50% women to posts in the DG's Office by the end of 2017.
 - In WHO HQ, 10 out of 15 senior managers in the DG's Office are women, 67%.
- ✓ The appointment of a minimum of 50% women to posts at grade D1 and above in WHO by 2020 at the latest with the exception of elected posts.
- ✓ HR policies, evaluation of job satisfaction and advancement principles, and the development of a mentorship program.
- ✗ Submit to the Executive Board in January 2018 a budgeted plan for reaching the gender parity target Resolution WHA 50.16 (1997) with benchmarks, targets and clear accountability, including performance indicators for WHO HQ and Regional Offices
- ✗ Ensure sufficient funding streams are aligned with the achievement of these strategies.
- ✗ Ensure that WHO adopts the 60/40 Gender Parity Rule in all panels and meetings run and supported by WHO worldwide.
- ✓ Urge WHO Member States to achieve gender parity in delegations to the WHA and regional policy-making meetings by including this in invitations.
- ✓ Reporting back on gender disaggregated data in meeting reports, especially about gender parity in representation at meetings, roundtables and official WHO events.
- ✓ Explicit efforts to improve equity of access and diversity in WHO internships*

Gender Mainstreaming

- ✓ Gender mentioned specifically in the areas of UHC.
- ✓ Recognition of SDG5 and its links to health.
- ✓ Gender and rights are embedded in everything WHO does.
- ✓ Recognize how gender dynamics and norms negatively (and positively) impact health for women and men, and girls and boys.



- ✓ Issues of gender need to be mainstreamed throughout the work plan. Gender should not be in silos in areas such as sexual and reproductive health and rights, or violence against women, as this loses out on the whole health and life course approach.
- ✓ Health Emergencies impact women differently and this is another area where gender dimensions and targets for women will be crucial to achieving the envisioned 1 billion people reached.
- ✓ Addressing the health needs of women in fragile and conflict affected countries.*
- ✓ Women have a key role to play in NCDs both because they are the majority of people with NCDs but also because they can be important health promotion influencers within families and communities. Engaging BRICS, particularly China and India, hard hit by the growing burden of NCDs.

Gender Data

- ✓ Inclusion of gender-disaggregated data in GPW13.
 - Specifically mentioned in the areas of Health Information Systems, civil registration and vital statistics and UHC.
- ✗ Clear pathways between the data and its linkages to implementation and budgeting.

UHC

- ✓ Greater investment and focus on gender equality within UHC frameworks is essential.
 - A dedicated UHC indicator on women and children.
- ✓ UHC will require rapidly scaling up the global health workforce. Women are the majority of health workers and carers globally, and as such they will be the drivers of health.
- ✗ We recommend the formation of a high level working group on Gender Equality and UHC with membership from UN and multilateral agencies, member states and civil society with a mandate to address the gender dimensions of UHC.



Health workforce

- ✓ WHO needs to start work urgently on scaling up female HRH to meet UHC. An estimated 18 million new health workers will be needed to deliver UHC. Attracting and retaining more women health workers and task shifting to make better use of existing Human Resources for health (HRH) will be critical, while ensuring this is done with equitable compensation.

Partnerships

- ✓ Smart Partnerships are essential. WHO to prioritise 'delivering as One UN' and joint working within the UN system/Bretton Woods institutions.
- ✓ WHO should draw on the resources of the entire UN and Bretton Woods system to embed gender equality at global, regional and country levels. WGH urge close operational collaboration with UN Women (on gender equality and the UN wide SWAP); UNAIDS (exemplar on mainstreaming gender); UNFPA and UNICEF (on gender equality and

maternal and child health); Global Fund; WB and regional development banks; World Food Programme (nutrition); UNHCR and UNOCHA (health in complex emergencies).

- ✓ WHO should also engage the strong civil society and academic communities working on gender equality and global health, including WGH, who are keen to support the new WHO team.

While this is an ambitious agenda with many priorities, it is one we cannot afford to fail at—leaving no one behind, includes achieving gender equality. Our [Call to Action to WHO and its Members States](#), is in the hands of Members States. Women in Global Health supports the most recent draft of GPW13, with the clear expectations that steps will be taken to ensure sufficient funding streams are aligned for the achievement of gender equality and gender mainstream strategies outlined in the GPW13.

1. GPW marks a step change for WHO on gender equality
2. WGH is delighted that WHO has listened to civil society on GE, (24 out of 30 recommendations, **96% of recommendations for planning have been integrated**).
3. Delivery will need serious funding.
4. WHO has stepped up. Now need to see similar level of commitment from Members States, multi-laterals working in health and key donors and civil society if global targets - SDGs and UHC - are to be met.
5. WGH will support positive change because **Gender Equality = smart global health**.

We reiterate to DG Dr. Tedros, the GPW13 team, Member States and to the global health community that women are agents of change, drivers of health at all levels--we must shift our mindsets to ensure our strategies realize this and we approach our solutions differently, with greater investment in gender parity and diversity in our leadership for a smarter, more sustainable global health.

Released 21 January 2018.

If you have additional comments, please contact us at info@womeningh.org.



A commendable over-arching goal: Ensuring healthy lives and promoting well-being for all at all ages

- Universal health coverage – **1 billion** more people benefitting from universal health coverage
- Health emergencies – **1 billion** more people better protected from health emergencies
- Healthier populations – **1 billion** more people enjoying better health and well-being