

WHO inputs to the Secretary-General's report on the implementation of General Assembly Resolution A/RES/74/235 (Women in development)

This input focuses on WHO advances during 2020–2021 on the implementation of the UN General Assembly resolution on women in development, focusing on the elimination of poverty and other development issues such as: equal access and opportunities; meaningful participation and leadership; gender gaps in the world of work; the care economy; violence against women and children; non-communicable diseases; mental health; nutrition and food security; the right to health, including SRHR, universal health coverage; maternal, newborn, child and adolescent health; infrastructure, water, hygiene and sanitation; education; diversity; legislation and policies.

1. Support provided to Member States and building capacity on the integration of gender, equity and human rights approaches

In 2019, 35 countries implemented at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes; 43 countries did so in 2020 and 58 in 2021.

WHO increasingly uses data that are disaggregated by sex and other equity stratifiers and incorporates a gender analysis into its information materials, health research and health programming efforts, including infectious diseases like SARS-CoV-2 (COVID-19)¹, malaria and tuberculosis². The Region of the

¹ See, for example:

Equitable access to COVID-19 tools: aligning the private sector with national response efforts. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

van Daalen KR, Bajnoczki C, Chowdhury M, Dada S, Khorsand P, Socha A, Lal A, Jung L, Alqodmani L, Torres I, Ouedraogo S, Mahmud AJ, Dhatt R, Phelan A, Rajan D. Symptoms of a broken system: the gender gaps in COVID-19 decision-making. *BMJ Glob Health*. 2020 Oct;5(10):e003549. doi: 10.1136/bmjgh-2020-003549. PMID: 33004348; PMCID: PMC7533958.

European Observatory on Health Systems and Policies, Rajan, Dheepa, Brocard, Eva, Poulussen, Charlotte, Koch, Kira. et al. (2022). Beyond consultations and surveys: enhancing participatory governance in health systems. *Eurohealth*, 28 (1), 9 - 13. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/351077>

European Observatory on Health Systems and Policies, Rajan, Dheepa & Koch, Kira. (2020). The health democracy deficit and COVID-19. *Eurohealth*, 26 (3), 26 - 28. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/338949>

SAGE WG Background Paper “Critical Sex and Gender Considerations in Research, Development & Delivery of Equitable Covid-19 Vaccine” published on web <https://www.who.int/publications/m/item/critical-sex-and-gender-considerations-for-equitable-research-development-and-delivery-of-covid-19-vaccines>

BMJ Global co-authored with SAGE WG members “Time for action: towards an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind” <https://gh.bmj.com/content/6/8/e006854>

Systematic review & publication in *Vaccine*: “A Systematic Review of the Sex and Gender Reporting in COVID-19 Clinical Trials” <https://www.mdpi.com/2076-393X/9/11/1322/htm>

COVID-19 Gender Checklist (with UN Women and other partners) <https://www.gavi.org/sites/default/files/covid/Checklist-for-tackling-gender-barriers-to-COVID-19-vaccine-deployment.pdf>

Why gender matters: immunization agenda 2030. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

² Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO

Americas reported in 2020 on whether and how countries in the Region are integrating the achievement of health equity into strategic lines of action in the health sector.³ It also conducted a regional review of sex disaggregated data on COVID-19 and a gender analysis on COVID-19.⁴ The Region of Europe published guidance on strengthening gender data and statistics in national health systems. The South-East Asia Region publishes annual reports to monitor and track progress towards health goals, highlighting areas of inequities. It also published country fact sheets on gender and health in 2021 as a basis for evidence-informed policy advocacy among Member States in the Region.⁵ In the Western Pacific Region, the analysis and use of disaggregated data is part of the regional monitoring framework for universal health coverage and the Sustainable Development Goals. The region also developed a guide on strategies for assessing and addressing hesitancy and sustaining vaccination uptake.⁶

The Secretariat has responded to Member State requests for technical support to implement the World Health Assembly resolution on incorporating gender analysis and actions in the work of WHO (WHA60.25), including capacity building for data disaggregation and health inequality monitoring. In 2021, WHO provided training sessions on the Health Equity Assessment Toolkit to 29 countries in the African Region, as well as a two-day health inequality monitoring training workshop to the Government of Iran. A new version of the [Health Equity Assessment Toolkit \(HEAT and HEAT Plus\)](#) was released in April 2021, with improved performance and new functionalities to facilitate the assessment of health inequalities.

2. Ensuring women and girl's bodily autonomy and rights to sexual and reproductive health

As recognized in ICPD, Beijing and the SDGs, women's and girls' bodily autonomy and rights to sexual and reproductive health is central to achievement of SDG 5 on gender equality and women's empowerment. Women's access to, and use of contraception, is key to their empowerment in other spheres of life including completion of education, employment, freedom from violence, and ability to determine how many children they will have.

<https://tdr.who.int/publications/i/item/2020-09-23-incorporating-intersectional-gender-analysis-into-research-on-infectious-diseases-of-poverty-a-toolkit-for-health-researchers>

³ Equity in Health Policy Assessment: Region of the Americas. Washington, D.C.: Pan American Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO. <https://iris.paho.org/handle/10665.2/52931>

⁴ COVID-19 health outcomes by sex in the Americas. From January 2020 to January 2021. Washington, D.C.: Pan American Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO. <https://iris.paho.org/handle/10665.2/53372>
Gendered health analysis: COVID-19 in the Americas. Washington, D.C.: Pan American Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO. <https://iris.paho.org/handle/10665.2/55432>

⁵ Bangladesh: <https://apps.who.int/iris/handle/10665/344671>; Bhutan: <https://apps.who.int/iris/handle/10665/344672>; India: <https://apps.who.int/iris/handle/10665/344673>; Indonesia: <https://apps.who.int/iris/handle/10665/344674>; Maldives: <https://apps.who.int/iris/handle/10665/344675>; Myanmar: <https://apps.who.int/iris/handle/10665/344676>; Nepal: <https://apps.who.int/iris/handle/10665/344677>; Sri Lanka: <https://apps.who.int/iris/handle/10665/344695>; Thailand: <https://apps.who.int/iris/handle/10665/344697>; and Timor-Leste: <https://apps.who.int/iris/handle/10665/344698>.

⁶ Enhancing acceptance and demand for vaccination in the Western Pacific Region: a guide for programme managers on strategies for assessing and addressing hesitancy and sustaining vaccination uptake. Manila: World Health Organization Regional Office for the Western Pacific; 2021. License: CC BY-NC-SA 3.0 IGO.

Over the last 25 years, there has been substantial progress in the sexual and reproductive health of adolescent girls and young women. Globally, rates of child marriage and female genital mutilation⁷, adolescent pregnancy and child bearing⁸, and HIV infection in both boys and girls⁹, have declined in part because of increased attention and investment to address underlying gender discrimination by international organizations, funders and governments. However, progress is slow and uneven both in specific areas and by geography.

Almost 1 in 3 women experience physical and/or sexual violence by an intimate partner or sexual violence by someone other than an intimate partner according to the latest estimates on violence against women. 161 countries and areas now have prevalence data on these two forms of violence, which are instrumental for tracking progress on SDG target 5.2 on eliminating VAWG. A number of countries are placing violence against women and girls on their political agenda, including ministries of health. To track progress on the WHO global action plan on the health systems response to VAWG and Violence against Children (endorsed by 194 Member States), a WHO global status report in 2021 showed, while 80% of countries have multisectoral plans of action on VAW, only 48% have health sector specific guidelines or protocols to shape health systems response.

More specifically and amongst its many areas of support to SRHR, WHO has published guidelines and tools to strengthen health systems response to VAW including for humanitarian settings. These guidelines and tools are being used by 71 countries in 2021. Building on an interagency package for preventing VAW led by WHO with 13 other agencies called RESPECT, in 2021 together with UN Women published the RESPECT implementation package to help countries to scale up evidence-based prevention. This is being implemented in 12 countries in 2021. WHO was also co-lead with UN Women for the Generation Equality Forum's GBV action coalition in 2021. WHO contributed to shaping the road map, targets and indicators for accountability and made collective commitments on scaling up prevention in 25 high burden countries and health guidelines and service response in 25 countries with other UN partners and Governments.

In recognition of the option to marry and whom to marry as a crucial component of bodily autonomy and human rights, the UNICEF-UNFPA Programme to Accelerate Action to End Child Marriage has a strong programme in place in a growing number of countries, and worked with partners to pivot its activities in response to the COVID-19 pandemic.¹⁰ Similarly, given that obtaining and using contraceptives to avoid unwanted pregnancies – within or outside marriage – is also crucial to bodily

⁷ United Nations Children's Fund, *Female Genital Mutilation: A New Generation Calls for Ending an Old Practice*, UNICEF, New York, 2020

UNICEF. *Towards Ending Child Marriage: Global trends and profiles of progress*. New York: UNICEF; 2021

⁸ United Nations Department of Economic and Social Affairs. *World Population Prospects, 2019 Revision: Age-specific fertility rates by region, subregion and country, 1950-2100 (births per 1,000 women)- Estimates*. Online Edition [cited 2022 Feb 21].

⁹ UNAIDS. *Young people and HIV*. Geneva: UNAIDS; 2021

¹⁰ UNICEF, UNFPA. *Adapting to COVID-19: Pivoting the UNFPA-UNICEF Global Programme to End Child Marriage to Respond to the Pandemic*, UNICEF, New York, 2020

<https://www.unfpa.org/resources/adapting-covid-19-pivoting-unfpa%E2%80%93unicef-global-programme-end-child-marriage-respond>

autonomy, the FP2030 is working with partners to support countries develop and implement bold commitments to expand access and improve uptake.¹¹

Around 60% of unintended pregnancies result in an abortion. Safe abortion is a primary care level intervention, nevertheless nearly 1 in 2 abortions take place in unsafe circumstances, resulting in over 25 million unsafe abortions each year. These account for an important preventable cause of maternal morbidity and mortality.

In 2021, the WHO Health Equity Monitor database update featured disaggregated data including 36 reproductive, maternal, newborn and child health indicators (compared to 30 in 2019) from 115 countries (compared to 111 in 2019).

Since 2002, WHO has consistently provided countries and partners evidence-based recommendations and other tools to support the provision of safe abortion care. In 2022, it released an updated guideline (The Abortion Care guideline). The Global Abortion Policies database is a tool to promote transparency of information on the laws and policies of all Member States and is constantly updated.

Comprehensive sexuality education in schools that includes content on gender equitable relationships, consent, information about how to prevent pregnancies, STIs and HIV is a critical ingredient for sexual and reproductive health. In recognition of the role that Comprehensive Sexuality Education (CSE) plays in helping girls and boys protect their own health and the health of others, as well as to respect others, by building self-determination and capacity to assure bodily autonomy and self-determination, and based upon the International Technical Guidance on Sexuality Education endorsed by WHO, amongst other UN agencies, over 150 countries had policies and strategies in place to scale up programmes, and were moving forward (at different levels of implementation) to do so in 2021.¹²

A growing number of governments are also taking action on menstrual health, following its positioning on the global health, gender equality, human rights and equity agenda by activists and NGOs from the global South and North and reports of women's and girls' experiences of shame and embarrassment, and of the barriers they face in managing their periods.

WHO has also contributed to the global effort to recognize and frame menstruation as a health, rather than a hygiene issue. The organization has stressed that women and girls must have access to information and education on the subject, menstrual products, water and sanitation facilities and disposal facilities, and competent and empathic care in order that they achieve the right and ability to live, study and work in an environment in which menstruation is seen as positive and healthy and to participate in work and social activities.¹³

¹¹ FP2030. *Development bold and transformative commitments to adolescents and youth*. FP2030. Washington DC, 2021. [AY-guidance_2021MAR26.pdf \(fp2030.org\)](#)

¹² UNESCO, UNFPA, UNICEF, UN Women, WHO. *The journey towards CSE: A global status report*. UNESCO, Paris. 2021. (9)

¹³ Hennegan J, Winkler IT, Bobel C, Keiser D, Hampton J, Larsson G, Chandra-Mouli V, Plesons M, Mahon T. Menstrual health: a definition for policy, practice, and research, *Sexual and Reproductive Health*, 2021, 9:1, DOI: [10.1080/26410397.2021.1911618](#)

3. Other health issues and the social determinants of health

The NCD Data Finder and the Global Health Observatory began disaggregating by sex the prevalence of noncommunicable diseases and risk factor data in 2019. These data are used to inform the development and implementation of gender-sensitive regulatory and fiscal policy measures.

The Secretariat began disaggregating by sex key surveillance indicators for tuberculosis and included a gender perspective in the development of tuberculosis national strategic plans.

WHO, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, published in 2021 the first systematic global analysis of inequality in HIV, tuberculosis and malaria.

In 2021, WHO launched the [Health Labour Market Analysis Guidebook](#), a key document in supporting countries to answer key policy questions relating to health and care workers. It highlights the importance of mainstreaming gender in analyses of the labour market for health and care workers by introducing the key gender issues. It further elaborates WHO's methodology for gender analysis in the health and care workforce based on gender analysis tools presented in the WHO Gender Mainstreaming for Health Managers.

The Health Cluster led by WHO in Ukraine published a report on [Humanitarian analysis through gender lenses](#), which looked into the particular needs and demographics of the conflict-affected regions in the west and how these varied across gender identities.¹⁴

The Secretariat mainstreamed the objectives of the Global Polio Eradication Initiative's Gender Equality Strategy 2019–2023 into the Polio Eradication Strategy 2022–2026 through gender sensitive and specific Key Performance Indicators; allocation of 1% of the overall GPEI budget for gender-related activities; and commitment to enhance collection and analysis of sex-disaggregated data.

In 2021, the latest edition of the *WHO global report on trends in prevalence of tobacco use 2000–2025* recorded the rate of tobacco use among women and men.¹⁵

The WHO Quality Technical Expert Network serves to ensure technical coherence across WHO in the area of quality of care, focusing on gender, equity and human rights.

A health worker safety charter launched in 2020 highlighted how women health workers are at higher risk of violence at work and called for action in health worker safety. Equity dimensions are always considered and emphasized in both the development health services assessment methods and tools as well as the analysis of all data collected.

Given the health and care sector's high potential to absorb women in formal employment, as outlined in the 2016 UN High-Level Commission on Health Employment and Economic Growth, WHO also has actions to understand, support and improve the health and care sector's pivotal role in women's

¹⁴ <https://reliefweb.int/report/ukraine/humanitarian-analysis-through-gender-lenses-august-2021>

¹⁵ WHO global report on trends in prevalence of tobacco use 2000-2025, fourth edition. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

economic empowerment. In particular by promoting decent work opportunities and gender equality in the health and care workforce. Several reports highlighted gender differences and inequalities, incorporated sex-disaggregated data (based on national health workforce accounts) and outlines specific policy options for mainstreaming gender into health systems strategies, including the *State of the World's Nursing 2020* report and *Gender equity in the health workforce: analysis of 104 countries*.

4. Mainstreaming gender into WHO management and programme areas and establishing accountability

In 2020, the Secretariat rolled out the WHO Health Emergencies Programme Gender Working Group, which developed a gender mainstreaming strategy during 2021. This strategy presents an integrated approach to developing gender-responsive assistance to Member States through technical guidance, skills development and accountability systems. The Secretariat will progressively integrate gender analysis into preparedness and response planning over the next 5 years, recognizing that gender inequalities are shaped by and affect the efficiency and effectiveness of humanitarian operations. This effort entails strengthening representation of women in decision making spaces for emergency preparedness and response, ensuring financial resources are allocated to support gender-responsive interventions, increasing the evidence base on the relationship between gender equality and health emergencies and strengthening engagement with partners to advocate for these issues. The strategy will be publicly available in 2022.

The Secretariat provided support to Member States in negotiations of the United Nations General Assembly and United Nations Economic and Social Council on various resolutions to strengthen political commitment to gender equality in health.

Investments from donors provided 85 Member States¹⁶ with grants, resulting in increased prioritization of gender, equity and human rights; and had a multiplier effect -- for example a workshop organized in the Regional Office of the Eastern Mediterranean brought together all countries in the region, not only the 8 countries included in the grant. The multiplier effect was also observed in the Community of Practice that was established in June 2021 to support the implementation of the "Strengthening local and national Primary Health Care and Health Systems for the recovery and resilience of countries in the context of COVID-19": while 10 countries were covered by the grant, attendance extended beyond the 10 country offices and regularly involved participation from other organizations, including UN Agencies and academia.

An Organization-wide evaluation of the integration of gender, equity and human rights into the work of WHO¹⁷ identified five key areas for improvement. The management response¹⁸ outlined actions to be taken by the Secretariat. The WHO is currently working on (1) developing a WHO policy, strategy and operational plan on gender, equity and human rights; (2) strengthening the gender, equity and human rights architecture across the three levels of the organizations; (3) reinforcing the gender, equity and human rights team by making it a department with a director, along with the recruitment of additional

¹⁶ African Region: 47; Region of the Americas: 6; South-East Asia Region: 5; European Region: 14; Eastern Mediterranean Region: 8; and Western Pacific Region: 5.

¹⁷ https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf?sfvrsn=fc8a1c04_1&download=true

¹⁸ https://cdn.who.int/media/docs/default-source/evaluation-office/management-resoponse_evaluation-of-gehr-in-the-work-of-who_-december-2021.pdf?sfvrsn=e5536eb1_1&download=true

technical experts; (4) strengthening capacity building including through a WHO Academy course on gender, equity and human rights-based approaches to health and to leave no one behind; (5) and supporting WHO country offices and particularly our WHO representatives to prioritize efforts aimed at integrating gender equality, equity and human rights in technical work across the Organization to make progress and making headway on WHO's commitment to leave no one being left behind.

WHO coordinates the *Global Action Plan for Healthy Lives and Well-being for All* (SDG3 GAP), aiming to strengthen collaboration among 13 multilateral health, development and humanitarian agencies and with countries by providing an improvement platform for collaboration in health to support countries' equitable and resilient recovery towards the health-related SDGs. As part of the SDG3 GAP, the signatory agencies committed to advancing gender equality throughout their work and have set up the SDG3 GAP Gender Equality working group bringing together the 13 signatory agencies and aiming to facilitate strategic alignment of the agencies' work on gender equality at country level, including on removing gender-related barriers to health services¹⁹.

The Secretariat developed criteria for integrating gender, equity and human rights across the Organization. Training and guidance on how to integrate these into all workplans were implemented during the operational planning of the Programme budget 2020–2021 and the integration was assessed through a dedicated dimension in the output scorecard.

At the Generation Equality Forum in 2021, WHO committed to ending gender-based violence, advancing sexual and reproductive health and rights, and supporting health workers as well as feminist movements and leadership.

In 2021, WHO began reporting annually on its performance in meeting the requirements of the accountability framework of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

WHO revised its policy on Performance Management and Development – Recognizing Excellence in 2018. When granting Performance Awards on a yearly basis, the Director-General and the Regional Directors recognize one or more criteria including exceptional contributions to WHO's gender and diversity goals. For the 2021 Awards for Excellence Programme, several staff who are women were nominated for an Individual Award or as a member of a Team Award. In all, 279 staff members received an award and the criteria chosen for more than 50% of them were Gender and Diversity.

In 2021, the percentage of women in the Secretariat's professional staff category reached 47.8% and 53.5% in the general service category. The percentage of women at P4 level and above increased from 39.5% in 2017 to 43.8% in 2021. At the ungraded level, the percentage of women was 50.0%. While work is needed in the national professional officer category (41.9% women) and D1 and D2 grades (35.5% women), overall, 48.9% of the WHO workforce were women.

¹⁹ Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration. 2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All <https://www.who.int/initiatives/sdg3-global-action-plan/progress-reports/2022>