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Comments:
We believe that GPW13 is a great start and appreciate its recognition of gender and the need for more gender-balanced leadership. We also applaud the new Director General, Dr Tedros and his team for both the gender-balanced leadership team, as well as strong statements he has made highlighting gender equality as a key driver for global health and its prioritization at WHO. We believe that these are great first steps towards achieving gender parity and equality at WHO, and would like to see concrete steps on how gender will be mainstreamed and addressed across the secretariat and plans for regional and national ownership of gender equality and parity. To this end we would like to see:

- Greater and more detailed initiatives such as a senior staff member appointed as a WHO Gender Parity Champion to drive organization wide actions and monitor progress for a more gender sensitive workplace and work culture at WHO, including meeting protocols. Senior leadership committed to achieving gender equality is a proven best practice.
- Achieving gender parity in your annual performance plan and review and make it a mandatory performance indicator for WHO Regional Directors and WHO Representatives at country level.
- 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. It is necessary to implement a concrete review and action plan to achieve this parity, with potential interventions to include targeted
recruitment of women for P5 and above positions, assessment and adjustment of HR policies, evaluation of job satisfaction and advancement principles, and the development of a mentorship program.

- Ensure sufficient funding streams are aligned with the achievement of these strategies.
- WGH urges the DG to take these concrete measurable steps and we urge Member States to support the DG with resources, political commitment and accountability measures.

We are happy to see gender mentioned specifically in the areas of UHC as well as the recognition of goal 5 and its links to health. However, we believe now is the time to ensure that gender and rights are embedded in everything WHO does to create a change that is transformative and sustainable.

- The gender dimensions of health affect men, women and other non-binary genders and it is important to recognize how gender dynamics and norms negatively (and positively) impact health.
- Issues of gender need to be mainstreamed throughout the work plan. While the target of “Decreasing the prevalence of physical and/or sexual violence by an intimate partner to 20% from 30% (2013)” is a step forward, gender should not be siloed 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.

We applaud the focus on UHC within WHO’s leadership. However, in UHC, the gender dimensions of its achievements cannot be ignored.

- The target to Increase health service coverage among women and girls in the poorest wealth quintile to 80% from 63% (2014) is a good step forward.
- Additionally, greater investment and focus on gender equality within UHC frameworks is essential. Women are the majority of health workers and carers globally, and as such they will be the drivers of health.
- Without women we will not be able to achieve the ambitious goal of UHC.
- 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.
- UHC is a political choice and women’s voices will be critical in the advancement of UHC.
- WGH would be pleased to support WHO on gender equality and UHC.
Finally, we applaud the inclusion of gender-disaggregated data in GPW13. However it is necessary to ensure that it does not end with disaggregation. There needs to be clear pathways between the data and its linkages to implementation and budgeting. Institutions that have linked their gender commitments to allocations from their budget have had the great success in accelerating their progress on gender equality.

Smart Partnerships are essential. WHO should draw on the resources of the entire UN and Bretton Woods system to embed gender equality at global, regional and country levels. Sharing resources, good practice and expertise will strengthen WHO’s mission and delivery. 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. Global health is delivered at country level. Member states have a critical role to play in supporting WHO to advance gender equality, providing resources and expertise, implementation of gendered health policies and systems at country level including UHC and holding WHO accountable for progress made in gender equality. WGH as part of civil society trust that Member States will prioritise and deliver gender equality in health.