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RESEARCH REPORT

A GENDER ANALYSIS @WHA70

DETAILED ANALYSIS

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A GENDER ANALYSIS @WHA70

KEY FINDINGS AND DETAILED ANALYSIS (as of 15 May 2017)

CONTENTS

ABBREVIATIONS	3
INTRODUCTION	4
KEY FINDINGS OF THE GENDER ANALYSIS AND RECOMMENDED ACTIONS	5
@WHA70 agenda documents	5
@Proposed Programme Budget 2018-2019	5
Recommended actions for Member States and WHO	6
DETAILED GENDER ANALYSIS @WHA70.....	7
2. Report of the Executive Board on its 139th and 140th sessions	7
11. Programme and budget matters	7
12. Preparedness, Surveillance, and Response	12
13. Health Systems	15
14. Communicable Diseases	16
15. Noncommunicable diseases	17
16. Promoting health through the life course	19
17. Progress Reports	20
20. Financial matters	24
21. Audit and oversight matters	24
22. Staffing matters	25
23. Management, legal and governance matters	26
ANNEX 1: SEX AND/OR GENDER & SDG 5 @WHA70 DOCUMENTS	29
ANNEX 2: GENDER, EQUITY & HUMAN RIGHTS @WHA70 DOCUMENTS.....	30
REFERENCES	31

ABBREVIATIONS

ART	Antiretroviral Therapy
COP	Conference of the Parties
DG	Director General
EB	Executive Board
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
GER	Gender, Equity and Human Rights
GM	Gender Mainstreaming
HQ	WHO Headquarters / WHO Secretariat in Geneva
HR	Human Resources
IOAC	Independent Oversight and Advisory Committee
LIC	Low-Income Country
LMIC	Low- and Middle-Income Country
MERS	Middle East Respiratory Syndrome
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MPHO	Medical Products of Human Origin
MS	Member State
NCDs	Noncommunicable Diseases
OIE	World Organisation for Animal Health
PIP	Pandemic Influenza Preparedness
R&D	Research and Development
SES	Socioeconomic Status
SDGs	Sustainable Development Goals
SG	Secretary General
SSFFC	substandard/spurious/false-labelled/falsified/counterfeit
STI	Sexually Transmitted Infection
TDR	Special Programme for Research and Training in Tropical Diseases
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHE	WHO Health Emergencies Programme
WHO	World Health Organization

INTRODUCTION

WHO defines gender as “socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men” (1). Being male or female has a profound impact on experiences of health, health status, and use of health services. The consequences of not addressing gender are significant: including inefficient use of health resources, ineffective health services, unnecessary morbidity, premature mortality and potentially a widening overall gender gap in health.

WHO has made the commitment to “enhance, expand and institutionalize WHO’s capacity to analyze the role of gender and sex in health, and to monitor and address systemic and avoidable gender-based inequalities in health” (2). The 2030 Agenda for Sustainable Development Agenda also includes a commitment to gender equality in SDG Goal 5: Achieve gender equality and empower all women and girls.

The internationally recognized strategy of working towards gender equality is *gender mainstreaming* (GM) and a key tool of GM is gender analysis. *Gender analysis in health* examines how biological and sociocultural factors, interact to influence health behavior, outcomes and services (1). Gender intersects with other factors such as age, ethnicity, socioeconomic status, disability, and sexual orientation. In 2012, WHO committed to mainstreaming an integrated approach including gender, equity and human rights in policies programmes and actions. In the most recent proposed budget, it was noted that this has expanded to include social determinants of health.

The Agenda of the 70th session of the World Health Assembly was analyzed through a sex and/or gender lens, also considering SDG 5¹. This document includes a detailed gender analysis of the documents of agenda items 1 to 24 (including its sub-items)².

¹ A separate table is also included in Annex II that examines stated priorities and actions against the current WHO approach to mainstream a combination of gender, equity, and human rights in its policies, programmes and activities.

² The analysis covered a total of 62 main documents for the 70th World Health Assembly (http://apps.who.int/gb/e/e_wha70.html) as of May 13, 2017 as well as selected key documents cited within the main documents. Fourteen (14) (A 70/3, 14 Add.1, 15, 16, 18, 24, 27, 30, 39, 39 Add.1, 43, 44, 50 Add.1 and 50 Add.2) were not yet posted. Of the available documents, nine (9) (A 70/1, 4, 5, 6, 41, 42, 49, 54, and 55) were determined to be not applicable. The final total of included documents was 39. However, it is important to note that two of the documents – e.g. A70/7 Proposed Programme Budget 2018-2019 and A70/38 Progress Reports contain numerous categories and programmes which required a more detailed analysis and summary.

KEY FINDINGS OF THE GENDER ANALYSIS AND RECOMMENDED ACTIONS

@WHA70 agenda documents

- Despite WHO's commitment to advancing gender equality, the application of gender analysis across policies, programmes and actions is often absent or inconsistent. See Annex 1.
- Just over 50% of the documents (i.e. 20/39 documents related to different agenda items included in the overall review) make *any* mention of sex and/or gender. None of these consistently apply a gender analysis across principles, plans, recommendations or actions.
- 90% of the documents that mention sex and/or gender, discuss women/females and/or girls, only 25% of these documents mention men/males and or boys. Only 15% of these documents mention sex and/or gender note SDG 5.
- Specific health needs of women/girls tend to be linked with sexual, reproductive or maternal health.
- Areas of relative strength include reproductive, maternal, newborn, child and adolescent health, violence and injuries, tobacco control, dementia, strategy for integrating gender analysis into work of WHO (in the Progress reports); areas of relative weakness include health emergencies (a growing area of WHO priority and resource allocation), pandemics, vector control response, and access to essential medicines.
- Across all documents, there is an inconsistent application of a gender analysis (e.g. in the Proposed Programme Budget and other reports, including Progress reports). A variety and combination of terms are used, including but not limited to sex, gender, equity, equality, human rights, and social determinants.

@Proposed Programme Budget 2018-2019

- Budget lines specific to advancing gender equality are confined to one WHO category area, namely Category 3: Promoting health through the life course.
- Within Category 3, a new programme has been announced that will combine gender, equity, human rights and social determinants to strengthen WHO cross-cutting work in respect to equity and the SDG Agenda. However, the budget for the new combined programme shows a decrease of 1.4 million over what the previous two programmes received combined in 2016 (i.e. Gender, equity and human rights: 16.3 million; Social determinants of health: 35.6 million respectively). This decreased budget allocation will further undermine the already limited financial and human resources for mainstreaming gender equality across the work of WHO.
- Within Category 3, two programmes, namely 3.1. Reproductive, maternal, newborn and child health and 3.5. Health and the environment, will receive the most financial support. More than half of all Category 3 funding is going to 3.1. Reproductive, maternal, newborn and child health. Equity, social determinants, gender equality and human rights will receive only approximately 13% of the total Category 3 funding.
- Apart from the WHO Health Emergencies Program and Polio, four other WHO categories make some note of sex and/or gender. However, the mentioning of sex and/or gender is not consistently applied in output/outcome indicators, planned deliverables across the three levels of WHO or accompanied by specific budgetary resources.

Recommended actions for Member States and WHO

- Ensure political commitments at highest levels, including by the Director General, to advance gender equality.
- Conduct an annual gender analysis of the WHO Programme Budget to ensure a positive impact of the budgetary decisions on the ability to mainstream a gender analysis and to advance gender equality.
- Analyse the mentioning of sex and/or gender and the impact of the programme activities on gender systematically throughout all categories and programme areas, including guiding principles and planned deliverables across the three levels of WHO.
- Dedicate 2% of all budget lines - with exception of 3.1 Equity, social determinants, gender equality and human rights - to raise the visibility and ensure adequate resources and capacity to mainstream gender equality.
- Ensure strong and consistent messaging concerning health equity, working towards health equality and protecting human rights.
- Apply a gender analysis, by – inter alia - delinking gender from a primary focus on women and girls, ensuring the inclusion of men and boys, examining relationships between the genders, and by acknowledging diverse gender identities.
- Delink a gendered focus on women's and girls' health from sexual reproduction.

DETAILED GENDER ANALYSIS @WHA70

The following section analyses the Provisional Agenda of the 70th World Health Assembly A70/1 through a sex and/or gender lens, also considering SDG 5³. It includes a detailed gender analysis of the documents of agenda items 1 to 24 (including its sub-items)⁴ and covers – wherever appropriate – the following three aspects:

“**Key Findings**” identify the extent to which sex and/or gender and related factors are considered in the documents and are mainstreamed;

“**Evidence**” presents examples of evidence to show the importance of a gender analysis to these issues⁵;

“**Action**” recommends potential actions for mainstreaming a gender analysis.

2. Report of the Executive Board on its 139th and 140th sessions

Document A70/2

- **Key Findings:** The Global Strategy for Women’s, Children’s and Adolescents’ Health to be revised to include a section on the High-level Working Group on Health and Human Rights of Women, Children and Adolescents.
- **Evidence:** A gender analysis within health research and practice strengthens health systems and reduces health inequities, yet gender is often not mainstreamed in global health policies and programmes (3). A focus on women and girls is important, but the determinants of gender inequality, and the role of men and boys need to be considered (4) across all WHO research, policies and practices.
- **Recommended action:** Consider the relevance of sex and/or gender within the WHO EB meetings and reports on technical, program and budget matters, financial matters, governance and staffing.

11. Programme and budget matters

11.2 Proposed programme budget 2018–2019 - Document A70/7

- **Key Findings:** Table 1 provides a gender analyses of the WHA Programme budget across the six programme areas based on a search of key words in document A70/7.⁶
- **Budget Overview:** A significant shift is proposed in the WHO structure to advance cross-cutting activities in respect to equity and advancement of SDGs, among others, the merging of equity, social determinants, gender and human rights into one program, as well as current reporting that 12/23 WHO program areas contribute to SDG 5.

Table 1: Sex and/or Gender and SDG 5 @budget categories

³ A separate table is also included in Annex II that examines stated priorities and actions against the current WHO approach to mainstream a combination of gender, equity, and human rights in its policies, programmes and activities.

⁴ The analysis covered a total of 62 main documents for the 70th World Health Assembly (http://apps.who.int/gb/e/e_wha70.html) as of May 13, 2017 as well as selected key documents cited within the main documents. Fourteen (14) (A 70/3, 14 Add.1, 15, 16, 18, 24, 27, 30, 39, 39 Add.1, 43, 44, 50 Add.1 and 50 Add.2) were not yet posted. Of the available documents, nine (9) (A 70/1, 4, 5, 6, 41, 42, 49, 54, and 55) were determined to be not applicable. The final total of included documents was 39. However, it is important to note that two of the documents – e.g. A70/7 Proposed Programme Budget 2018-2019 and A70/38 Progress Reports contain numerous categories and programmes which required a more detailed analysis and summary.

⁵ The evidence is intended to be illustrative, rather than exhaustive.

⁶ Gender-related evidence relevant to each section can be found elsewhere in this document. All Programme Budget text was analysed and refers to relevant gender aspects related to WHO’s focus 2018 – 2019 in the respective category.

Category	Sex and/or Gender	SDG 5
<i>Communicable Diseases</i>	✓	✓
<i>Noncommunicable Diseases</i>	✓	✓
<i>Promoting Health Through the Life Course</i>	✓	✓
<i>Health Systems</i>	✓	✓
<i>WHO Health Emergencies Programme</i>		
<i>Corporate Services/Enabling Functions</i>	✓	
<i>Polio Eradication (Stand-alone Category)</i>		

- **Evidence:** International and national efforts to promote gender equality are chronically underfunded, particularly when compared to other priorities outlined in the 2030 Agenda for Sustainable Development (5) and the same is true for WHO, as evidenced from the analysis of the programme budget 2018-2019 and as reported in the WHO mid-term programmatic and financial report for 2016–2017. Gender analysis of budgets are effective for determining whether organizations, donors and/or governments are dedicated enough financial and human resources to advancing equality (6, 7).
- **Recommended actions:**
 - Need to apply an annual gender analysis of the budget that makes the gender impact of budgetary decisions across all categories and all WHO levels explicit.
 - Consider dedicating 2% of all category programme budgets (with exception of 3.1. Equity, social determinants, gender equality and human rights) for the task of mainstreaming considerations of gender, equity, human rights and social determinants.

Details of Document 70/7

Category 1 – Communicable Diseases - Document A70/7

1.1 HIV and Hepatitis

- **Key findings:** The *Global health sector strategy on HIV, viral hepatitis and sexually transmitted infections for 2016–2021* makes reference to human rights, gender, and addressing HIV among women and girls; HIV and hepatitis responses will need to demonstrate their impact on SDG5;
- **WHO Focus 2018-2019:** equitable access to HIV prevention, diagnosis, care and treatment (Regional office); technical support for equitable inclusion of key populations in HIV response, guidance on sexual and reproductive health, maternal and child health (HQ).

1.2 Tuberculosis

- **Key findings:** The *End TB Strategy* emphasizes universal coverage and social protection, analysis of data to show within country inequalities and equity.
- **WHO Focus 2018-2019:** More focus on in-country inequalities, universal health coverage, and social protection; Provision of policy guidance that includes attention to gender, equity and human rights (HQ).

1.3 Malaria

- **Key findings:** The *Global technical strategy for malaria 2016–2030* prioritizes universal access to prevention, diagnosis and treatment.
- **WHO Focus 2018-2019:** Generating information for better malaria stratification by sex, economic status, age, rural/urban, marginalized populations; ethnicity/race (Regional offices)

1.4 Neglected Tropical Diseases

- **Key findings:** The WHO Roadmap provides a rigorous analysis of considerations related to equity, gender and other social determinants of health. The work of the Special Programme for Research and Training in Tropical Diseases (TDR), co-sponsored by UNICEF, UNDP, the World Bank and WHO, contributes to reducing the global burden of infectious diseases of poverty and improving the health of vulnerable populations, including women and children;
- **WHO Focus 2018-2019:** Use of operational research outcomes and gender equity data (Regional Offices); production of gender and equity data where possible and facilitate interdepartmental and intersectoral policy dialogue on gender and equity (HQ).

1.5 Vaccine-Preventable Diseases

- **WHO 2018-2019 focus:** Identifying inequities in coverage (Regional office); implementation research to help with barriers to reaching equitable coverage (Country office)

1.6 Antimicrobial Resistance

- **Key findings:** WHO's achievements in this category will make strong contributions to the achievement of SDG 5 through identifying gender inequalities in access to health services and inclusion of all.
- **WHO 2018-2019 focus:** Update guidance and training on maternal and child health to reflect the importance of anti-microbial resistance; strengthen the evidence base on the etiology of maternal and neonatal sepsis (HQ)

Category 2 – Noncommunicable Diseases - Document A70/7

2.1 Noncommunicable Diseases

- **Key findings:** The prevention of NCDs is critical to development and equity; NCDs, and their modifiable risk factors, are associated with marked inequities resulting from various social determinants, including poverty and illiteracy, gender differences in vulnerability and related risk factors. WHO's achievement in this category will contribute to SDG5.
- **WHO Focus 2018-2019:** Strengthen national capacity to detect, diagnose, treat and manage NCDs and risk factors as part of the national health system, which an emphasis on primary health care aimed at ensuring universal health coverage and reducing gender and health equity gaps (Country office)

2.2 Mental Health and Substance Abuse

- **Key findings:** Gender-based violence has effect on mental health outcomes; WHO focus 2018-2019 include: Develop and implement national policies, plans, strategies in line with regional and global dementia action plans and human rights standards (Country office); provide guidance and tools for the development of human rights-compliant mental health related policies and laws, develop and disseminate guidance and technical tools on mental health interventions for populations affected by adversity such as gender based violence (HQ).

2.3 Violence and Injuries

- **Key findings:** Inequities relating to gender, age and ethnicity, vary by causes of injury and setting. Gender inequality is both a cause and consequences of violence against women and girls. Girls suffer sexual abuse two to three times more often than boys. Women are more often victims of intimate partner violence and homicide attributable to partners or ex-partners; mention of SDG target 5.2 (end violence against women and children); interventions to reduce inequities and global tool of violence and injuries require measures beyond health sector.
- **WHO focus 2018-2019:** Strengthen role of health system for addressing interpersonal violence, particularly violence against women, girls and children; develop and implement policies and programmes to address violence against women (Country and Regional offices and HQ).

2.4 Disabilities and Rehabilitation

- **Key findings:** Women, older people and poor people are more likely to experience disability.
- **WHO Focus 2018-2019:** Improving access to services under universal health coverage (Country and Regional offices and HQ).

2.5 Nutrition

- **Key findings:** 29% of women of reproductive age are overweight; lower socio-economic groups have lower prevalence of adequate breastfeeding; plan on maternal, infant and young child nutrition aims to alleviate double burden of malnutrition in children.
- **WHO focus 2018-2019:** Support countries to set national nutrition targets and develop or strengthen national policies, strategies and action plan with the comprehensive implementation plan on maternal, infant and young children nutrition; Strengthen human resource capacity for effective health and nutrition programmes by integrating nutrition actions for women, adolescents, children and the ageing population (Country office); Develop, implement and evaluate, as appropriate, regional action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition (Regional office); Provide technical support to regional and country offices and design tools to help countries strengthen, develop, and monitor national nutritional plans and policies aligned with the comprehensive implementation plan on maternal, infant and young child nutrition (HQ).

2.6 Food Safety

- **Key findings:** WHO achievement in this category will contribute directly or indirectly to achievement of SDG 5.

Category 3 – Promoting Health Through the Life Course - Document 70/7

- **Key findings:** Attention to life course, health equity as critical outcome of all policies with attention to social, economic and environmental determinants, and principles of equity, gender equality and human rights, providing guidance on cross cutting areas, monitoring progress towards SDGs related to this category.
- **WHO 2018-2019 focus:** key health issues at critical life stages (for example, pregnancy and childbirth, early childhood development, adolescent health, gender-based violence, women's health beyond reproduction, and healthy ageing); cross collaboration; provision of packages and guidelines to MS; promoting equity, gender equality and human rights, universality, and social inclusion also will be guiding priorities for the biennium and beyond.

3.1 Reproductive, maternal, newborn, child, and adolescent health

- **Key findings:** This is the only section where gender mentioned beyond the gender, equity and human rights section.

Category 4 – Health Systems - Document A70/7

- **Key findings:** Universal health coverage (UHC) is a key element of any effort to reduce social inequities; progress in UHC includes health financing that promotes equity – as many do not have access to health services and health spending can contribute to poverty.
- **WHO 2018-2019 focus:** Strengthening health systems includes ensuring the availability of equitable, integrated, people-centred health services through an adequate, competent workforce. Links to the SDGs: The principles of UHC are clearly linked to reducing inequalities (Goal 10) and gender equality (Goal 5); Health systems has linkages with WHO's cross-cutting work on gender, human rights, equity and social determinants of health – needed to ensure health systems reduce health inequities; Health systems will work closely with: the life-course category to do this.

4.1 National health policies, strategies and plans

- **WHO 2018-2019 focus:** Activities towards ensuring equitable UHC and attainment of SDGs focus on improving country capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a “Health in All Policies” approach and equity policies). This includes supporting countries to integrate human-rights and equity in their work; As a part of improving national health financing strategies for UHC, work includes supporting countries to monitor equity in funding and use of health services, and developing tools for economic evaluation that incorporates equity analyses.

4.2 Integrated people-centred services

- **Key findings:** Reducing health inequities includes ensuring services target at risk groups, better access in underserved areas, actions to overcome gender-driven access barriers, and ensuring equitable distribution of health workers.
- **WHO 2018-2019 focus:** Provide policy advice and support for the strengthening of Member States’ governance and capacity to implement recommendations of the Commission on Health Employment and Economic Growth, with a specific focus on SDG 5 (Country and Regional offices); communicate, disseminate and support implementations of the Commission on Health Employment and Economic Growth with a specific focus on SDG5 gender equality (HQ).

4.3 Access to medicines and other health technologies, and strengthening regulatory capacity

- **Key findings:** Weak regulatory systems can perpetuate inequitable access to quality medicines and impede the right to health.
- **WHO 2018-2019 focus:** Convene WHO’s Expert Committees on Biological Standardization and on Specification for Pharmaceutical Preparations, considering technological advances in the characterization of biological and biotherapeutic products, national regulatory needs and capacities and gender balance, equal regional representation and diversity of technical competence (HQ).

4.4 Health systems information and evidence

- **Key findings:** Information gaps are large in identifying and monitoring widespread inequities, which are critical in informing policies, programmes and interventions. The work includes the disaggregation of data by sex, age and other key equity variables, and the routine collection of data on health inequities and their determinants; Equitable and sustainable access to health knowledge remains a vital need.
- **WHO 2018-2019 focus:** Aim of increasing countries with annual, good quality, equity-oriented public analytical reports and monitoring health situations, trends, inequalities and determinants using global standards, including data collection and analysis; Work to strengthen equity-oriented health information systems.

Category 5 (E) – WHO Health Emergencies Programme - Document A70/7

- **Key findings:** Emergencies disproportionately affect the poorest and most vulnerable people; no mention of SDG5.

Category 6 – Corporate Services/Enabling Functions - Document A70/7

- **Key findings:** Organizational leadership and corporate service form the backbone of successful mainstreaming of values and approaches to equity, human rights and gender; organization and reform process in line with SDGs.

6.1 Leadership and Governance

- **Key findings:** Focus on progress towards meeting the targets in UN System-wide Action on Gender Equality and the Empowerment of Women – 67% baseline 2015 to 90% 2019 (WHO Secretariat and Member States).

6.2 Transparency, Accountability and Risk Management

- **Key findings:** WHO Focus 2018-2019: Promote good ethical behavior (Country and Regional offices, HQ): maintain fair and just mechanisms (HQ)

6.3 Strategic Planning, Resource Coordination and Reporting

- **Key findings:** WHO will ensure that equity, human rights, gender and social determinants of health continue to be considered in its planning, implementation, monitoring and reporting across programme areas and the three levels of the Organization.

6.4 Management and Administration

- **WHO Focus 2018-2019:** Develop/update human resource policies, including on achieving gender balance and geographic distribution (Regional office, HQ)

6.5 Strategic Communication

- **Key findings:** Nothing on sex and or gender or SDG5

Polio Eradication (stand-alone budget category) – Document A70/7

- **Key findings:** Nothing on sex and or gender or SDG5

12. Preparedness, Surveillance, and Response

12.1 Health Emergencies

Report of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme - Document A70/8

- **Key Findings:** No mention of sex/and or gender or SDG5.
- **Evidence:** Men and women experience and respond to health crises, including capacities for response and recovery differently (8, 9). For example, women and girls disproportionately face sexual and reproductive health challenges, including increased sexual violence in emergency contexts (10, 11). Female health workers also face gender based discrimination, violence and harassment during training, recruitment and employment (WHO, 2016a). Men and boys may have different societal expectations regarding hazard exposure and evacuation (12).
- **Recommended Action:** Incorporate gender indicators in eight thematic areas of reporting in IOAC 2017 Monitoring Framework and WHE Programme Results Framework indicators (against which progress is tracked).

WHO response in severe, large-scale emergencies - Document A70/9

- **Key Findings:** Only response touching on sex/and or gender is that medical services will be available to survivors of sexual abuse in Iraq; no mention that women are disproportionately survivors.
- **Evidence:** There are different gendered health needs of affected populations in large scale emergencies, including but not limited to sexual and reproductive health (13). For example in two WHO public health emergencies of international concern, Zika and Ebola disproportionately impact poor women, from low and middle income countries (14). In the case of Zika, young, impoverished and Indigenous women have been disproportionately affected by the outbreak (15); in the case of Ebola, women's disproportionate exposure was largely due to their care giving roles and roles in burial practices (8, 16-18).

- **Recommended Action:** Apply a gender-inclusive approach to all aspects of WHO Incident Management System, including in all pandemic planning and resource allocation (e.g. building on Emergence Response Framework that states that appropriate and timely management of risks requires advancement of gender equality).

Research and development for potentially epidemic diseases - Document A70/10

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** R&D preparedness and rapid research responses, including deployment of effective medical interventions to save lives and minimize socioeconomic disruption, require recognizing sex and gender as relevant factors (19-21). This is demonstrated in two WHO priority areas. For example, sex is a determinant in the epidemiology of MERS-CoV; men are at a greater risk of contracting the virus in comparison to women (22). Women's labour in swampland for vegetable production puts them at greater risk of disease exposure to zoonotic diseases including Lassa Fever (23). Significant gaps remain in understanding sex and gender interactions in epidemic diseases (22, 24).
- **Recommended Action:** Integrate a gender analysis in all R&D Blueprint areas of work: R&D for diagnostics, vaccines, therapeutics and vector control tools and research in social sciences and epidemiology.

Health workforce coordination in emergencies with health consequences – Document A70/11

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** Research shows gender differences in health workforce roles, risks and burdens in health emergencies. Women constitute a majority of those employed in the health sector (25-27). Women's extensive voluntary work at home, in the community and in emergency social services is significant (28).
- **Recommended Actions:**
 - Recognize gender as a cross-cutting issue in all emergency coordination, e.g.
 - expand the Final Guiding Principle for International Outbreak Alert and Response of Global Outbreak and Response Network to include gender
 - ensure that all Network responses will proceed with full respect for ethical standards, *gender equality*, human rights, national and local laws, cultural sensitivities and traditions;
 - Ensure effective operationalization of Health Cluster Guide which identifies gender as cross-cutting issue and prioritizes gender sensitive responses, priorities, actions and indicators;
 - Ensure WHO Emergency Medical Teams to include comprehensive gender training component.

12.2 Antimicrobial Resistance - Document A70/12

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** Women are more likely to receive an antibiotic prescription in their lifetime (29), however, antimicrobial resistance patterns are typically higher among male patients (30). In WHO priority areas, males are higher risk for multi-drug resistant TB (31), children of pregnant women have higher odds of developing HIV drug resistance mutations (32), and there is lower health-seeking behaviour among men with drug-resistant Malaria (33).
- **Recommended action:** Integrate sex and gender in global action plan on antimicrobial resistance, including in the key principles (add gender equality) that guide operational action plans of Member States.

12.2 Improving the prevention, diagnosis and clinical management of sepsis - Document A70/13

- **Key Findings:** Demographic and social factors, such as diet, and lifestyle, poverty, sex and race influence the occurrence to sepsis: access to health care systems is also associated with the occurrence of sepsis and its fatality rate.
- **Evidence:** Epidemiological studies demonstrate gender differences with respect to the development of sepsis, complications and survival with females under age of 50 having an advantage (34).
- **Recommended action:** Integrate gender into all future priorities (including but not limited to labour, childbirth and postnatal care) for WHO and other stakeholders in addressing sepsis.

12.3 Poliomyelitis - Documents A70/14 & Add.1

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** Neither a gender analysis nor a gender-disaggregated data have featured prominently in polio-related strategies and assessments (35).
- **Recommended action:** Integrate a gender analysis and gender equality goals in all areas of Global Polio Eradication Initiative including surveillance, immunization and campaign activities.

12.5 Review of the Pandemic Influenza Preparedness Framework and Review of the Pandemic Influenza Preparedness Framework Collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations - Document A70/17 & 70/57

- **Key Findings:** One mention of pregnant women in Fiji in the aftermath of H1N1; good gender balance in the Review Group of the PIP is noted.
- **Evidence:** Sex/and or gender play significant roles in pandemic risk and resilience (36-38). For example, sex differences as well as gender norms influence efficacy and acceptance of vaccines for males and females (39, 40). Biologically, females experience have more adverse reactions to influenza vaccines and show greater vaccine efficacy than males (40, 41). Both young and older females are often less likely to accept influenza vaccines than male counterparts (40, 42). Public communications on pandemics are mediated by gender norms that may overburden women and limit the action of men (43, 44).
- **Recommended actions:**
 - Integrate gender equality as cross-cutting theme in the PIP Framework
 - Incorporate a gender analysis in the evaluation review of pandemic influenza preparedness, risk, and capacities for response
 - Advance gender equality goals in future coordination and collaboration efforts between WHO Secretariat and Secretariat of Convention on Biological Diversity, FAO and OIE, and the newly created Coalition for Epidemic Preparedness Innovations.

13. Health Systems

13.2 Principles for global consensus on the donation and management of blood, blood components and other medical products of human origin (MPHO) – Document A70/19

- **Key Findings:** No mention of sex and/or gender or SDG 5; Factsheet on blood safety and availability notes global blood donation for gender (45); Ensuring equity in access for people who donate or receive MPHO is underscored in the principles and elsewhere (46, 47).
- **Evidence:** Women and girls are vulnerable to exploitation with reproductive resources and can experience organ trafficking alongside sex trafficking (48); Men - particularly poor men – provide majority of commercial organs, linked to masculinity (49); MPHO (donation/reception, legal/illegal) is influenced by ethnicity (50), disability (51), sexual orientation (52), incarceration status (53), and age (54).
- **Recommended action:** Consider gender and a gender analysis as a key component of equity, and mainstream them throughout principles and practices that relate to the global consensus.

13.3 Addressing the global shortage of, and access to, medicines and vaccines – Document A70/20

- **Key Findings:** No mention of sex and/or gender or SDG5; Equity in access to essential medicines is mentioned elsewhere (55, 56).
- **Evidence:** Evidence on male/female differences in access is lacking (57), but women use more medicines in high income countries (58), and report greater need for health care and medicines (57); Gender differences in access can intersect with country, age, and condition (59, 60); Health diagnoses and access to medicines are gendered: e.g., asthma onset in adulthood is more common and severe in women but many in low-income countries lack of access to essential asthma medicines (61).
- **Recommended action:** Integrate a gender analysis into the research, policies and programs of the Secretariat related to medicines and vaccines to ensure equitable access.

13.4 Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property – Document A70/21

- **Key Findings:** No mention of sex and/or gender or SDG5; Equitable access to health products in LMICs and LICs recommended; Global strategy report discusses focus areas to address health inequities and its evaluation methodology is said to adhere to gender, equity and human rights (56).
- **Evidence:** Sex and gender consideration improves the quality and usefulness of health evidence, yet often not integrated into health and biomedical research and funding processes (19); Gender biases exist in organizations and institutions involved in R&D, impacting access to funding (62, 63); Discrimination is a barrier for many female scientists (64).
- **Recommended action:** Mainstream sex and gender in the global strategy and related work, including policies, programs and funding arrangements, to advance equity in innovation, research, and access to medicines.

13.5 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Document A70/22

- **Key Findings:** No mention of sex and/or gender or SDG5; Equity is a central principle to R&D (65-67), and to be operationalized in a Voluntary Pooled Fund on health R&D; Expert Committee on Health R&D is gender balanced and fund applications must indicate gender (65); Global Observatory on Health and R&D website includes sex breakdown of health researchers in countries, and a checklist for priority-setting in research with a focus on balanced gender and regional participation (68).

- **Evidence:** Sex and gender are central to health research systems (19, 69, 70) yet often absent from health research impact assessments (69); National and international efforts to promote gender equality are underfunded, particularly compared to other SDG priorities (5).
- **Recommended actions:**
 - Prioritize a gender analysis in all aspects of health R&D, including the work of the WHO Global Observatory on Health R&D.
 - The Observatory to promote a gender analysis beyond gender representation (e.g. promote and fund research focused on gender and promoting gender equality).

13.6 Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit (SSFFC) medical products; and Review of the Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products – Documents A70/23; A70/23 Add.1

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** Data on access to and use of medicines across men and women is lacking, particularly with respect to SSFFC; Gender shapes access to and use of essential medicines (58, 71, 72): In many South African countries, females have more access to antiretroviral therapy (ART) (73, 74), but ART quality is often challenged (75). Men often access erectile dysfunction drugs online, which can be counterfeit and dangerous (76). Women use more dietary supplements, which can be unregulated and hazardous to health (77).
- **Recommended action:** Make the gender analysis a core component of the SSFFC mechanism, to better address risks posed by SSFFC products and promote access to essential medicines. Evidence on demand for, access to, use, and impact of SSFFC products across men, women, boys and girls is particularly needed.

14. Communicable Diseases

14.1 Global vaccine action plan – A70/25

- **Key Findings:** No mention of sex and/or gender or SDG5 in the main document; The action plan and its WHA endorsement highlights equity in immunization across factors including gender (78, 79) and calls for global agencies to attend to equity and sensitivity to gender. The plan is to align with the Global Strategy for Women’s and Children’s Health and discusses the health of pregnant women, children, and women throughout the life-course. An expert advisory group balanced by gender and geography is proposed (79). An evaluation of the plan (80) notes the need to address gender to improve maternal coverage, reports on immunization for women of reproductive age and pregnant women, links gender and other factors to vaccine hesitancy, and highlights gender as a key component that civil society organizations need to consider in their updates (80).
- **Evidence:** Though data may show no difference in vaccine access between women and men, gender can indirectly shape access (81): mothers lacking education, literacy, or autonomy in decision making may not seek immunization services for their children (82-84) and are less likely to have practical knowledge about vaccination services, or understand vaccination requirements (85-87); Countries with high gender inequality tend to have less equitable levels of vaccination coverage; Policies and programs that address gender inequality can improve coverage (82).
- **Recommended action:** Integrate sex and gender across the plan – including organizations implementing the plan – to improve equitable coverage and access for men, women, girls, and boys.

14.2 Global vector control response – Document A70/26

- **Key Findings:** No mention of sex and/or gender or SDG5, however the draft Global Vector Control Response document (88) states that reducing vector-borne disease will increase equity and women’s empowerment; It also underscores that analysis should account for equity.
- **Evidence:** Gender shapes vulnerability vectors, exposure to risks, care, and participation in prevention and control programs (89); Gender influences community efforts in vector control: an initiative on Chagas Disease Prevention and Control showed men and women were driven by distinct motivations when adopting disease prevention strategies (90); Vector control responses often fail to pay attention to gendered inequalities in health and health care (91).
- **Recommended action:** Integrate a gender analysis in all aspects of the global vector control response, with attention to how gender equalities shape health care health care access.

15. Noncommunicable diseases

15.2 Draft global action plan on the public health response to dementia – Documents A70/28 and EB140/2017/REC/1, decision EB140(7)

- **Key Findings:** The document notes that evidence suggests more women than men develop dementia. It prioritizes cross-cutting principle that all efforts to implement public health responses to dementia must support gender equity and take a gender sensitive perspective. Uneven application of this principle: five out of seven action items prioritize gender and culturally appropriate/sensitive responses.
- **Evidence:** Gender is a critical issue in dementia framing as public health issue (92, 93). Gender differences in information systems, such as training and reporting (94, 95) and gendered knowledge gaps remain requiring further research to ensure progress in understanding, treatment, and prevention including dementia related stigma (92, 93, 96).
- **Recommended action:** Mainstream cross-cutting principle of gender equality consistently across all areas of Global Action Plan, including framing, information systems and research.

15.3 Public health dimension of the world drug problem - Document A70/29

- **Key Findings:** The document considers specific needs of women, including pregnant women; promotes public health-oriented drug-related policies in sexual and reproductive health; identifies equity (but not specifically gender) as fundamental public health precept.
- **Evidence:** Men are three times more likely to abuse cannabis, cocaine, and amphetamines, whereas women are more likely to misuse prescription opioids and tranquilizers (97, 98). Women are at a higher risk of HIV contraction from injections (98), and they are more adversely affected by anti-drug policies and related incarcerations (99, 100). Research shows that treatment needs of women differ from men, due in part to physiological effects and access to health services (101-103).
- **Recommended action:** Add gender to the current list of precepts (equity, social justice and human rights) that ground actions to reduce drug use, including monitoring drug use, treatment coverage, and drug related mortality and morbidity.

15.5 Report of the Commission on Ending Childhood Obesity: implementation plan Document A70/31

- **Key Findings:** Equity is among guiding principles (no explicit mention of gender, only attention to culturally sensitive interventions). Gender-friendly physical activity spaces are emphasized, the need for data disaggregation by gender (along with age, SES, and ethnicity) is noted. Prevention and treatment of childhood obesity seen as strengthening maternal health and UN SG’s Strategy for Women’s Children’s and Adolescent’s Health. Developing guidelines on physical activity for pregnant women is prioritized as WHO Secretariat Action.

- **Evidence:** Research indicates higher and growing levels of adult obesity among women than men (104, 105). Worldwide, obesity levels in women are contributing to vitamin deficiencies, diabetes, and maternal morbidity and infant mortality (106-110). Diabetes is the 6th leading cause of death in women as compared to the 9th in men (111, 112).
- **Recommended actions:**
 - Integrate gender equality into implementation plan guiding principles;
 - Integrate gender into all action framework interventions and monitoring mechanisms.

15.6 Cancer prevention and control in the context of an integrated approach - Document A70/32

- **Key Findings:** The document notes that in many countries, women, children, indigenous groups, ethnic minorities and socioeconomically disadvantaged groups are often inequitably exposed to risk factors and have limited access to diagnosis and care services, which may result in poorer outcomes; cervical and breast cancer screening, cervical cancer are highlighted. The recommended actions note importance of developing plans with focus on equity and access.
- **Evidence:** Notable sex differences exist in cancer morbidity and mortality, especially in low and middle income countries; gender differences also figure prominently in diagnoses, screening and treatments (113-115). For example, most cancers strike men more often than women with exceptions of thyroid, gallbladder, and anus cancer (116, 117). Non-smoking women are three times more likely than non-smoking men to be diagnosed with one of the leading cancers – lung cancer (118-120). Females have higher survival advantages in several cancer types, including melanoma (121).
- **Recommended action:** Integrate gender across all recommended actions for Member States at country level (e.g. national control plans; reducing risk factors, improving access to timely diagnosis and treatment, optimizing use of existing human resources, improving data).

15.7 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control - Document A70/33

- **Key Findings:** The report notes that COP7 (2016) discussed gender issues first time as dedicated agenda time, resulting in FCTC/COP7(12), addressing gender-specific risks when developing tobacco control strategies; acknowledgement that tobacco use patterns amongst men and women vary greatly around the world depending on factors including ethnicity, religion, economic, social and cultural status, as well as age and the type of tobacco used.
- **Evidence:** Continual analysis of tobacco effects on both genders is still needed, as well as promotion of gender equity and health gender norms when dealing with tobacco use in all countries (122); more attention needs to be paid to the experiences and needs of differently situated women and men in relation to tobacco control (123, 124).
- **Recommended action:** Address gender differences and intersecting factors with gender, such as ethnicity, religion, geographic location and SES, in the tobacco control policies and programmes and when implementing demand and supply reduction measures of the WHO FCTC.

15.8 Prevention of deafness and hearing loss - Documents A70/34 and EB139/2016/REC/1, resolution EB139.R1

- **Key Findings:** Reports that 183 million males and 145 million females experience disabling hearing loss.
- **Evidence:** While rehabilitation costs in low and middle income countries is disproportionately high for both genders, this is especially the case for pregnant women (125). Moreover, hearing impairment seems to affect older men more significantly than older women in developing countries (126).

- **Recommended action:** State commitment to gender equality and incorporate a gender analysis in all proposed WHO actions relating to prevention and intervention actions relating to deafness and hearing loss.

16. Promoting health through the life course

16.1 Progress in the implementation of the 2030 Agenda for Sustainable Development - Document A70/35

- **Key Findings:** The document identifies social and economic gains that could be made from investments in health workforce as including gender equality and it supports thematic reviews by Member States of SDG5 progress. In respect of gender equality and equality in general, reports Secretariat support to Member States has contributed to Goals 3, 5, 10, and to target 17.18 on data disaggregation; Global Strategy for Women's, Children's and Adolescents' Health covers SDG 5; describes proposed WHO programme budget 2018–2019 as taking advantage of new opportunities offered by the SDG Agenda; acknowledges control of communicable diseases and NCDs depends on responding to questions concerning gender, equity, ageing, and social and environment determinants.
- **Evidence:** The lack of progress with MDGs in relation to gender equality has been linked to the narrow focus on gender equality in education (127), inadequate resourcing, and the lack of attention to addressing gender differences, especially in relation to gender-based violence and economic discrimination (128-130).
- **Recommended action:** Ensure SDG 5 is mainstreamed across all WHO Programs with proper resourcing; gender equality must include focus on men and boys and relations between the genders. The overarching SDG aim of 'leaving no one behind' also requires not only applying a gender analysis across all goals, but also to integrate factors such as income, race, age discrimination, and disability (131).

16.2 The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond - Document A70/36

- **Key Findings:** Gender is prioritized in one component of Road map (knowledge and evidence) specifically to fill gender gaps in scientific knowledge, contribute to harmonized methods tools and approaches for risk assessment that consider gender and include gender and equity as a component in all policies, strategies and plans for the sound management of chemicals and waste.
- **Evidence:** There are important gender differences in risk reduction (132, 133) and important gender consideration for building institutional capacity and leadership/coordination (134). For example, the impact of chemicals on the physiology of men and women differs, with certain chemicals having negative transferable properties during pregnancy, or for men's reproductive systems, and both sexes are exposed to different chemicals through materials, yet policy direction is mainly tailored for male exposure (134, 135).
- **Recommended action:** Mainstream gender consistently across all four components of the Road Map (risk reduction, knowledge and evidence, institutional capacity and leadership/coordination).

16.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health - Document A70/37

- **Key Findings:** The reports asserts that the Global Strategy is a front-runner in the implementation platform for SDGs; guiding principles include equity, universality, human rights, development effectiveness and sustainability. Progress is reported on sixteen key indicators (including access to sexual and reproductive health care, information and education; violence against women and girls) and provides an overview of recommendations of High Level Group on Health and Human Rights to address issues of health and human rights of women, children and adolescents. Adolescent health is a key theme in the report (with no gender analysis).
- **Evidence:** Adolescent girls in developing countries are at increased risk of contracting an STI, especially HIV, and face complications during pregnancy, while adolescent boys are at increased risk of

road traffic accidents and violence (136-138). Adolescent girls face specific health care barriers, for example access to contraceptives, education, and abortion (139-141). Knowledge gaps exist in understanding gender and other factors (e.g. sexuality) in relation to adolescent health (142, 143) especially in relation to how masculinity affects adolescent health outcomes for both boys and girls (144).

→ **Recommended actions:**

- Add gender to Global Strategy guiding principles;
- Ensure that a gender analysis, including attention to boys, is integrated into actions on adolescent health;
- Increase attention to different subpopulations of adolescent girls and boys.

17. Progress Reports

Noncommunicable Diseases

A. WHO Global Disability Action Plan 2014-15

→ **Key Findings:** No mention of sex and/or gender or SDG5.

→ **Evidence:** Disability prevalence is higher among boys than girls but higher among women than men (145). Women and girls with disabilities continue to be at higher disadvantage for receiving mainstream education, access to employment and participating in social activities, when compared to their male and non-disabled counterparts (146-148).

→ **Recommended action:** Mainstream gender perspective into Global Disability Plan, implementation, monitoring and evaluation.

B. Addressing the challenges of the UN Decade of Action for Road Safety

→ **Key Findings:** No mention of sex and/or gender or SDG5.

→ **Evidence:** Men are more likely than women to die from a fatal vehicle accident, and are also more likely to be killed as a pedestrian by a motor vehicle – especially if they live in low and middle income countries (137, 149). However, in the United States women were found to have higher rates of mortality in the same types of accidents when compared to men (149).

→ **Recommended action:** Incorporate gender specific goals and interventions in global safety targets and national safety strategies.

C. Towards Universal Eye Health

→ **Key Findings:** Emphasis on universal and equitable access to services; no mention of sex/and or gender or SDG5.

→ **Evidence:** Significant gender disparities exist in access eye care services (150-152). For example, despite accounting for 64% of the global total of individuals suffering from blindness, women are 50% less likely to access services than men, especially in low- and middle-income countries (153-155).

→ **Recommended action:** Ensure that the Global Action Plan integrates gender and gender specific considerations in its activities (development of guidance and tools; building of capacity and scaling up country action, awareness creation and advocacy, building evidence base and monitoring progress).

Communicable Diseases

D. Eradication of dracunculiasis (resolution WHA64.16 /2011) – Document A70/38

- **Key Findings:** No mention of sex and/or gender or SDG 5.
- **Evidence:** Gender shapes exposure to dracunculiasis (guinea-worm disease) and other health risks. For instance, women and girls are often in charge of washing clothes and collecting water and thus are more exposed to contaminated water and water-borne infections like guinea-worm disease (156). When water is in remote locations, they can be exposed to sexual violence (157). The empowerment of girls, women, men and boys has been linked to the reduction of neglected tropical diseases, like guinea-worm (158-160).
- **Recommended action:** Integrate a gender analysis into all efforts to eradicate dracunculiasis, including monitoring and reporting on the differential risks, exposures, impacts, and involvement of men, women, boys and girls.

E. Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 / 2014) – Document A70/38

- **Key Findings:** No mention of sex and/or gender or SDG 5 but an equitable focus on vulnerable populations is said to reduce TB. Equity is a factor on which the resolution was adopted. The global *End TB Strategy* notes the need provide care for men, women, and children, including attention to gender, and states that women of childbearing age can carry a heavy burden of the disease (161, 162).
- **Evidence:** Sex and gender shapes TB risk, access to, and experiences of services and consequences (163-166). TB prevalence is higher among men in LMICs and there are gaps in male case detection and reporting (167). Women are likely accessing diagnostic and treatment services more effectively (167) and/or men are disadvantaged in accessing TB care (168), yet strategies to assess and address men's barriers to TB care are absent from the global research agenda (Horton et al 2016). Men are likely responsible for the majority of TB infections in men, women and children (169).
- **Recommended action:** Integrate a gender analysis in all global strategy-related research, policies and programs, with attention to understanding and addressing differences in access to and use of health services of men and women equally.

F. Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 /2015)

- **Key Findings:** No mention of sex and/or gender or SDG5; Preventative treatment for pregnant women is mentioned elsewhere (170-172). Equity is a principle on which the strategy was adopted (172).
- **Evidence:** Sex and gender, including gendered division of labour and a lack of women in vaccine trials shape malaria risk, access to and experiences of services and consequences (173-175). Even though children and pregnant women are biologically more susceptible to malaria, there are increased differences due to gendered norms and expectations that influence patterns of exposure, decision making and economics (176, 177). Men who work outdoors in forestry, fishing, mining, agriculture or ranching may be at greater risk of malaria when working during peak biting times (174).
- **Recommended action:** Integrate a gender analysis into the global technical strategy and related activities to better understand and respond to malaria, and promote health equity.

Promoting Health through the Life Course

G. Public health impacts of exposure to mercury and mercury compounds

- **Key Findings:** No mention of sex and/or gender or SDG5.
- **Evidence:** Exposure to mercury and mercury compounds has negative effects on women, especially during pregnancy and child-rearing, but also to men's reproductive health by decreasing sperm count (178-180). Both sexes are at fairly equal risk of mercury poisoning; harmful ingestion levels and physiological effects differ between sexes (133, 181, 182).
- **Recommended action:** Ensure that the implementation of Minamata Convention on Mercury considers gender.

H. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 / 2007)

- **Key Findings:** Progress is reported in gender mainstreaming towards achieving SDG 5, as well as the integrated mainstreaming of gender, human rights, equity, and social determinants, as well as in reducing health inequities, including gender inequality in MS. The focus areas include: data disaggregation; development of gender and health indicators, including reproductive, maternal, newborn and child health indicators; training and tools for WHO and MS; identifying health barriers related to gender and intersecting factors (e.g. ethnicity); gender-sensitive monitoring and inequality reporting; meeting the requirements of the accountability framework of the UN System-Wide Action Plan on Gender Equality and Women's Empowerment; and promoting gender equality in staffing.
- **Evidence:** WHO and other global health institutions have focused mostly on the health needs of women (3), yet the health of boys and men is sometimes worse (183). Policy actors often assume that gender analysis means analysis of women alone, rather than an analysis of both sexes (183). The global health actors often do not look at gender diversity and health, such as transgender health (3), even though, WHO has adopted an equity-focused and rights-based approach to transgender health (184).
- **Recommended actions:**
 - Ensure that men, boys, and diverse genders are included in the gender analysis;
 - Apply a gender analysis, equity, and rights-based approaches;
 - Provide sufficient resourcing; and
 - Ensure cross-program collaboration to demonstrate the relevance of the Strategy across WHO.

Health systems

I. Progress in the rational use of medicines (resolution WHA60.16 /2007)

- **Key Findings:** No mention of sex and/or gender or SDG 5. A methodology for a global programme on surveillance of antimicrobial consumption mentions gender in relation to disaggregated data (185).
- **Evidence:** Gender shapes prescription and use of drugs. Women consume more drugs without medical prescription, however, consumption of certain drugs (e.g., analgesics, antipyretics, or vitamins) for self-medicating is higher among men (186). Women are often prescribed more drugs and are more likely to be prescribed opioids, leading to higher rates of addiction (187), and antimicrobials (29). Women are at higher risk for prescription drug misuse (188). They are less likely to be adherent in using chronic medications and less likely to receive medication treatment and monitoring recommended by clinical guidelines (189).
- **Recommended action:** Integrate gender and a gender analysis into the collection and analysis of data on medicine use, the planning and implementation of interventions, the development of policy guidance, and the promotion of best practices to promote equitable and rational use of medicines.

J. Regulatory system strengthening for medical products (resolution WHA67.20 /2014)

- **Key Findings:** No mention of sex and/or gender or SDG5. Resolution WHA67.20 recognizes the role of WHO in promoting equitable access to medical products.
- **Evidence:** Sex and gender influence disease and injury epidemiology, diagnosis, response to therapy, safety, and outcomes, thus they play important roles in pharmaceutical regulation from the design of clinical trials and the approval of new drugs to post-marketing surveillance (190-192). Clinical trial populations are often not gender-balanced and attention to male and female cells and animals within trials is lacking (191).
- **Recommended action:** Integrate a gender analysis across all stages of the regulatory system to ensure that sex and gender differences and similarities are attended to.

K. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))

- **Key Findings:** No mention of sex and/or gender or SDG 5. WHA 68.15 (2015) notes the high number of maternal deaths and the need for safe surgery and anaesthesia.
- **Evidence:** Women can face barriers to surgical care, including lack of social support during hospital stays, inability to navigate the healthcare system, fear of anaesthesia, and inadequate privacy. Identifying and removing such barriers can improve the uptake of essential surgery (193, 194). Gender can shape access to surgical care (195, 196). Severely injured women have been less likely to be directed to a trauma centre, shaped by factors including perceived difference in injury severity and gender bias (196). Gender can impact post-operative outcomes and resource utilization following surgery (197).
- **Recommended action:** Integrate gender analysis in all research, policies and practices to strengthen surgical care and anaesthesia for men and women.

Preparedness, surveillance and response

L. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 /2007)

- **Key Findings:** No mention of sex and/or gender or SDG 5. Resolution 60.1 notes the need for measures to improve equitable access to research outcomes, including antiviral agents, vaccines and diagnostic tools and the Advisory Committee on Variola Virus Research is said to have a geographical and gender balance (198).
- **Evidence:** Women are approximately 50% more likely to practice and/or increase non-pharmaceutical health-protective behaviours in the context of epidemics/pandemics (199). Gender and other factors including age, SES, political context, and education need to be considered to address outbreaks (200). Demographic variables, such as sex and ethnicity, can influence immune response following smallpox immunization (201). Women have been found to have more antibodies to the smallpox vaccine (202).
- **Recommended action:** Strengthen the detection, prevention, and treatment of smallpox with a gender analysis to ensure that population needs are in line with actions.

M. Enhancement of laboratory biosafety (resolution WHA58.29 /2005)

- **Key Findings:** No mention of sex and/or gender or SDG5. A statement on laboratory policies notes the need to protect lab workers, including pregnant women (203). Equity in access to lab services and network development are emphasized for strengthening life sciences research (204) and health lab services (205, 206).
- **Evidence:** Sex is a risk factor in the acquirement of laboratory-acquired brucellosis (the most common lab-associated bacterial infection) (207, 208). Women require specific safety precautions to protect them from harmful contaminants, especially to protect reproductive health (209). Equipment

requirements differ between men and women, with women often not having access to proper equipment due to physical constraints (210, 211).

- **Recommended action:** Apply a gender analysis with respect to research, strategic and technical documents, guidelines, regulations, national plans, education, equipment, and training to ensure lab biosafety and access to lab services for women and men.

20. Financial matters

20.1 WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016 - Document A70/40

- **Key Findings:** The document mentions a pan-European WHO study, highlighting that young people's health and well-being is being undermined by gender and health inequalities. It also refers to gender, equity and human rights mainstreaming and equity as a central concept in SDGs. In 2016, 65 countries experienced reduction of health inequalities including gender inequalities and 70 countries - compared to 63 in 2015 - were enabled to implement at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes.

Major achievements comprise: the development of a country-support package and the provision of country support through technical assistance for further mainstreaming of equity, gender and human rights across WHO programme areas and countries' programmes, policies and strategies; development and adoption of mechanisms and policy frameworks on gender, equity and human rights in the Secretariat and Member States; increased accountability and performance assessment; and a strengthened network of focal points for gender, equity and human rights throughout all WHO regions and headquarters.

The Secretariat focused on 15 programme areas to integrate equity, gender and human rights into the Organization's policies, programmes and strategies. Cross-cutting areas requiring mainstreaming, such as gender, equity, rights and social determinants of health often face a range of challenges, including: (i) weak budget allocations; (ii) limited financial resources and difficulties in mobilizing resources; (iii) a shortage of staff; and (iv) a lack of visibility. Greater action is needed to tackle gender-based violence.

- **Recommended actions:**
 - Proposed actions are linked to those proposed under proposed programme budget 2018-2019 (212) and pertain to adequate funding across all WHO categories and programmes (not only in promoting health through life course) for the mainstreaming of gender analysis (including equity, human rights and social determinants).
 - Greater action is needed to tackle gender-based violence, which continues to be an expanding area of work. As Member States' awareness of the problem grows, so also do their demands for support from the Secretariat.

21. Audit and oversight matters

21. External and internal audit recommendations: progress on implementation – A70/56

- **Key findings:** No mention of sex and/or gender or SDG5.
Note: The audit recommendations contained in documents A70/43 (Report of the External Auditor) and A70/44 (Report of the Internal Auditor) were not yet available online at the time of this analysis.
- **Evidence:** Organizational activities are influenced, among others, by gender dynamics. Diversity in gender and factors, including ethnicity, age, religion, expertise, can impact the operational and functional effectiveness and efficiency of an organizational board (213, 214).

- **Recommended action:** Integrate a gender analysis into processes related to audits, including assessing standards of conduct and disciplinary measures, to ensure that power differences and potential inequities are not being perpetuated.

22. Staffing matters

22.1 Human resources: annual report – Document A70/45

- **Key Findings:** Gender balance in staffing is a principle of the Human Resources strategy with the aim of improving gender equality. The focus is on women and geography (unrepresented and underrepresented countries). Men are mentioned in relation to improving the male/female staff ratio. A goal of cultural change in gender balance, diversity, mobility and performance is stated. A sex breakdown shows that women remain underrepresented in many higher level positions, but overrepresented in other positions (e.g. JPOs, interns).
- **Evidence:** Gender balance/parity in staffing needs to occur at multiple levels, including representation in activities, such as high level events. There is a need to engage both women and men to promote gender equality (215). Focusing on one imbalance alone – such as women vs. men – can overlook the unique contexts of men and women, creating other imbalances and inequities for female subpopulations (e.g. working-class women, ethnic/racial minority women, non-heterosexual women) and diverse groups of men (216, 217).
- **Recommended actions:**
 - Promote gender equality in the organization beyond gender parity efforts which do not fully address reasons for imbalances (e.g. discrimination) or lead to gender-sensitive programming.
 - Apply a gender analysis to assess who is advantaged and disadvantaged in recruitment and retention for both women and men.

22.2 Report of the International Civil Service Commission – Document 70/46

- **Key Findings:** Gender is mentioned regarding a UN report on gender balance in the UN which endorses a gender equality strategy, gender-sensitive policies and measures for a gender-balanced workplace and the advancement of female staff. Requirement to change attitudes, behaviours and biases shaping gender inequality to foster a healthy workplace for women and men is mentioned. The Secretariat is requested to holistically review all issues relating to inclusiveness and diversity, such as gender parity, geographical distribution, multiculturalism, generational diversity, and multilingualism.
- **Evidence:** See 22.1.
- **Recommended action:** Apply a gender analysis in relation to staffing, organizational culture and practices, as well as policies and programming. This includes promoting gender parity within all levels and activities of WHO, as well as paying attention to inclusiveness and diversity in staff recruitment and training of men and women that includes gender and related factors.

22.3 Amendments to the Staff Regulations and Staff Rules – A70/47

- **Key Findings:** No mention of sex and/or gender or SDG 5. The longer amendments report mentions that the natural loss of staff has been an opportunity to improve gender balance and equitable geographical representation. This includes giving opportunities to female staff members and staff members from under or non-represented countries to occupy higher level positions.
- **Evidence:** See under 22.1.
- **Recommended action:** Integrate a gender analysis to better understand how gender and related factors can shape the loss of staff, and the hiring and advancement of new staff to advance equity.

22.4 Report of the United Nations Joint Staff Pension Board – Document A70/48

- **Key Findings:** No mention of sex and/or gender and/or SDG 5.
- **Evidence:** Gendered roles, such as the disproportionate care work women provide for families, can put women at a disadvantage for pension received. Coordinated support for full time employment of mothers, fathers, and other carers, with sufficient public services, childcare and eldercare, can help free women from the requirement to provide informal care (218). Women are overrepresented in lower staffing levels, where pensions are lower. By mid-2015, women occupied only 34.4 per cent of professional and higher category UN positions (219).
- **Recommended action:** Integrate a gender analysis of work conditions for all staff, including regular assessments of staff barriers to equitable pensions.

23. Management, legal and governance matters

23.1 Overview of WHO reform implementation – Document A70/50

- **Key Findings:** Regarding the Management Reform under HR: progress towards gender equity has been slow, with female representation in professional and higher categories having increased by 2.4% between January 2014 - July 2016. In January 2017, the Secretariat has put into practice a new policy on gender equality, committing the WHO to an annual increase of 1.5% of female staff holding fixed-term and continuing appointments at the P4 level and above for the next five years. No mention of SDG 5.
- **Evidence:** Gender inclusion, sensitivity and equality are key to organizational effectiveness (220).
- **Recommended action:** Undertake a gender assessment of all three areas of WHO Reform Implementation (Programmatic, Governance and Management) against WHO's commitment to gender, equity, human rights, and social determinants, and SDG 5.

23.2. Governance reform: Follow up decision WHA 69(8) – Document A70/51

- **Key findings:** No mention of sex and/or gender or SDG 5.
- **Evidence:** See 23.1.
- **Recommended action:** Improve alignment of governance at the three levels of the Organization in terms of advancing gender, equity human rights and social determinants.

23.3 Engagement with non-state actors - Document A70/52

- **Key Findings:** No mention of sex and/or gender or SDG 5.
- **Evidence:** Gender inclusion and gender-sensitivity are essential to effective engagement mechanisms (62, 221).
- **Recommended action:** Mainstream gender, equity, human rights and social determinants considerations in the Framework of Engagement with Non-State Actors, including rationale, principles, benefits and risks of engagement, and interaction (participation, resources, evidence, advocacy and technical collaboration).

Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions – Document A70/53

- **Key Findings:** Any secondment from a non-State actor must fulfil the following principles and criteria: Consider gender and geographical diversity by the releasing entity. The releasing entity has, wherever possible, to propose at least three qualified candidates to WHO from whom the Secretariat may select the most suitable candidate giving due regard to gender and geographical distribution.

24. Collaboration within the United Nations system and with other intergovernmental organizations - Document A70/55

- **Key Findings:** Gender, human rights, and equity are focus areas where WHO works collaboratively with other UN agencies. WHO provided inputs into the Secretary General's High-level Panel on Women's Economic Empowerment. The 2016 Chief Executives Board Endorsed the Shared UN Framework for Action for equality and non-discrimination at the heart of sustainable development.
- **Evidence:** Despite collaborations, such as the Inter-Agency Network on Women and Gender Equality which works to promote gender equality in the UN, a gender analysis and gender equality can be lacking, particularly if there is a lack of strong support and prioritization for gender equality among UN senior management. Individuals and gender experts cannot accomplish gender equality alone and gender experts have raised concern about the prioritization of gender and gender mainstreaming in their work areas (222).
- **Recommended actions:**
 - Incorporate a gender analysis in all collaborative activities and raise gender equality in health as a key priority on the international UN agenda;
 - Ensure that the analysis addresses the barriers and facilitators to gender equality promotion with and across organizations to ensure political support and further collaboration on these issues.

ANNEX 1: SEX AND/OR GENDER & SDG5 @WHA70 DOCUMENTS

Document	Sex and/or Gender ⁷	SDG 5
2 - Report of the Executive Board on its 139th and 140th sessions	✓	
11 – Programme and Budget		
11.2 - Proposed programme budget 2018–2019 ⁸	✓	✓
12 - Preparedness, Surveillance, and Response		
12.1 - Health emergencies: The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme		
Health emergencies: WHO response in severe, large-scale emergencies	✓	
Health emergencies: Research and development for potentially epidemic diseases		
Health emergencies: Health workforce coordination in emergencies with health consequences		
12.2 - Antimicrobial resistance		
Improving the prevention, diagnosis and clinical management of sepsis	✓	
12.3 – Poliomyelitis		
12.5 - Review of the Pandemic Influenza Preparedness Framework	✓	
Review of the Pandemic Influenza Preparedness Framework: Collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations		
13 – Health Systems		
13.2 - Principles for global consensus on the donation and management of blood, blood components and other medical products of human origin		
13.3 - Addressing the global shortage of, and access to, medicines and vaccines		
13.4 - Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property		
13.5 - Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination		
13.6 - Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products		
14 – Communicable Diseases		
14.1 - Global vaccine action plan		
14.2 - Global vector control response		
15 – Noncommunicable Diseases		
15.2 - Draft global action plan on the public health response to dementia	✓	
15.3 - Public health dimension of the world drug problem	✓	
15.5 - Report of the Commission on Ending Childhood Obesity: implementation plan	✓	
15.6 - Cancer prevention and control in the context of an integrated approach	✓	
15.7 - Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control	✓	
15.8 - Prevention of deafness and hearing loss	✓	
16 - Promoting Health Through the Life Course		
16.1 - Progress in the implementation of the 2030 Agenda for Sustainable Development	✓	✓

16.2 - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	✓	
16.3 - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health	✓	
17 - Progress reports		
Noncommunicable diseases		
17.A - WHO Global Disability Action Plan 2014-15		
17.B - Addressing the challenges of the UN Decade of Action for Road Safety		
17.C - Towards universal eye health		
Communicable diseases		
17.D - Eradication of dracunculiasis (resolution WHA64.16 (2011))		
17.E - Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 (2014))		
17.F - Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))	✓	
Promoting health through the life course		
17.G - Public Health Impacts of Exposure TO Mercury and Mercury Compounds		
17.H - Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))	✓	
Health Systems		
17.I - Progress in the rational use of medicines (resolution WHA60.16 (2007))		
17.J - Regulatory system strengthening for medical products (resolution WHA67.20 (2014))		
17.K - Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))		
Preparedness, surveillance and response		
17.L - Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))		
17.M - Enhancement of laboratory biosafety (resolution WHA58.29 (2005))		
20 – Financial Matters		
20.1 - WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016	✓	
21. Audit & Oversight Matters		
21 - External and internal audit recommendations: progress on implementation		
22 – Staffing Matters		
22.1 - Human resources: annual report	✓	
22.2 - Report of the International Civil Service Commission	✓	
22.3 - Amendments to the Staff Regulations and Staff Rules		
22.4 - Report of the United Nations Joint Staff Pension Board		
23 – Management, Legal, and Governance Matters		
23.1 - Overview of WHO reform implementation	✓	
23.2 - Governance reform: follow-up to decision WHA69(8) (2016)		
23.3 - Engagement with non-State actors		
Engagement with non-State actors: Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions	✓	
24. Collaboration within the UN system and with other intergovernmental organizations		
24 - Collaboration within the UN system and with other intergovernmental organizations	✓	

⁷ Includes key words: sex, gender, men, women, boy, girl, male, female (note: “sexual” and “sex” as in sexual intercourse not included)

⁸ See Table 2 for further analysis of programme budget.

ANNEX 2: GENDER, EQUITY & HUMAN RIGHTS @WHA70 DOCUMENTS

Document	Sex and/or Gender	Equity ⁹	Human Rights ¹⁰
2 - Report of the Executive Board on its 139th and 140th sessions	✓	✓	✓
11 – Programme and Budget			
11.1 - Proposed programme budget 2018–2019 ¹¹	✓		✓
12 – Preparedness, Surveillance, and Response			
12.1 - Health emergencies: The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme			
WHO response in severe, large-scale emergencies	✓		
Research and development for potentially epidemic diseases		✓	
Health workforce coordination in emergencies with health consequences			
12.2 - Antimicrobial resistance			
12.3 - Improving the prevention, diagnosis and clinical management of sepsis	✓	✓	
12.4 – Poliomyelitis			
12.5 - Review of the Pandemic Influenza Preparedness Framework	✓	✓	
Review of the Pandemic Influenza Preparedness Framework: Collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations		✓	
13 – Health Systems			
13.1 - Principles for global consensus on the donation and management of blood, blood components and other medical products of human origin		✓	✓
13.2 - Addressing the global shortage of, and access to, medicines and vaccines			✓
13.3 - Evaluation and review of the global strategy and plan of action on public health, innovation & intellectual property		✓	
13.4 - Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination		✓	
13.5 - Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products			
14 – Communicable Diseases			
14.1 - Global vaccine action plan		✓	
14.2 - Global vector control response			
15 – Noncommunicable Diseases			
15.2 - Draft global action plan on the public health response to dementia	✓	✓	✓
15.3 - Public health dimension of the world drug problem	✓	✓	✓
15.5 - Report of the Commission on Ending Childhood Obesity: implementation plan	✓	✓	✓
15.6 - Cancer prevention and control in the context of an integrated approach	✓	✓	
15.7 - Strengthening synergies between the WHA and the Conference of the Parties to the WHO Framework Convention on Tobacco Control	✓		✓
15.8 - Prevention of deafness and hearing loss	✓		✓
16 – Promoting Health Through the Life Course			
16.1 - Progress in the implementation of the 2030 Agenda for Sustainable Development	✓	✓	✓
16.2 - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	✓	✓	

16.3 - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health	✓		✓	✓
17 - Progress reports				
Noncommunicable diseases				
17.A - WHO Global Disability Action Plan 2014-15				
17.B - Addressing the challenges of the UN Decade of Action for Road Safety				
17.C - Towards universal eye health			✓	
Communicable diseases				
17.D - Eradication of dracunculiasis (resolution WHA64.16 (2011))				
17.E - Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 (2014))			✓	
17.F - Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))	✓			
Promoting health through the life course				
17.G - Public Health Impacts of Exposure TO Mercury and Mercury Compounds				
17.H - Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))	✓		✓	✓
Health systems				
17.I - Progress in the rational use of medicines (resolution WHA60.16 (2007))				
17.J - Regulatory system strengthening for medical products (resolution WHA67.20 (2014))				
17.K - Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))				
Preparedness, surveillance and response				
17.L - Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))				
17.M - Enhancement of laboratory biosafety (resolution WHA58.29 (2005))			✓	
20 – Financial Matters				
20.1 - WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016	✓		✓	✓
21. Audit & Oversight Matters				
21 - External and internal audit recommendations: progress on implementation				
22 – Staffing Matters				
22.1 - Human resources: annual report	✓		✓	
22.2 - Report of the International Civil Service Commission	✓			
22.3 - Amendments to the Staff Regulations and Staff Rules				
22.4 - Report of the United Nations Joint Staff Pension Board				
23 – Management, Legal, and Governance Matters				
23.1 - Overview of WHO reform implementation	✓		✓	
23.2 - Governance reform: follow-up to decision WHA69(8) (2016)				
23.3 - Engagement with non-State actors				
Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions	✓		✓	
24. Collaboration within the UN system and with other intergovernmental organizations				
24 - Collaboration within the UN system and with other intergovernmental organizations			✓	✓

⁹ Includes key words: equity and equitable¹⁰ Includes: right* (e.g., right to health, human rights); excluded if human rights was in a person's title.¹¹ See Table 2 for further analysis of programme budget.

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