Matters for information: progress reports

Report by the Director-General

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J. STRENGTHENING HEALTH EMERGENCY PREPAREDNESS AND RESPONSE IN CITIES AND URBAN SETTINGS (resolution WHA75.7 (2022))

1. Resolution WHA75.7 is the first Health Assembly resolution to focus on the unique importance of the subnational level in WHO’s work on health emergencies. Following the adoption of the resolution, the Secretariat provided technical support in building country capacities to strengthen health emergency preparedness in cities and urban settings and in implementing the Framework for strengthening health emergency preparedness in cities and urban settings (“the Framework”). This area of work supports implementation of the International Health Regulations (2005) and contributes to the Thirteenth General Programme of Work, 2019–2025.

2. A focus on cities and urban settings has been integrated into emergency preparedness technical areas to support implementation of the Framework, aligning with the IHR Monitoring and Evaluation Framework. Secretariat briefings have updated Member States on technical discussions and progress made.

3. A dedicated pillar on urban preparedness and response was included in the WHO’s Guidance for conducting a country COVID-19 after action review. Urban-specific capabilities across the five core subsystems of strengthening the global architecture for health emergency preparedness, response and resilience were developed in a collaborative effort involving relevant teams across the WHO Health Emergencies Programme. Upon request by Member States and as recommended by the Technical Advisory Group, an urban-specific online platform to support implementation of the Framework and the accompanying guidance for national and local authorities is being developed in consultation with Member States.

4. Adhering to the focus on partnerships in the resolution, two joint training programmes on urban preparedness were held in 2022 and 2023, and an accompanying United Nations self-paced course was developed and published on OpenWHO.org for Member States and partners.1 WHO and the United Nations Office for Disaster Risk Reduction hosted a capacity-building session on building resilient urban systems in May 2023, in collaboration with the United Nations Human Settlements Programme, UNDP, ILO, FAO and UNIDO. WHO led a United Nations systems-wide discussion on exploring opportunities for collaboration to support strengthening urban health emergency preparedness and deliver in-country technical and partnership activities.

5. All WHO regions are committed to implementing the Framework as a key priority for health emergency preparedness, and recognizing the heterogeneity of cities globally, a regional approach to urban preparedness has been developed. The Regional Office for the Americas developed regional prioritized plans for urban health emergency preparedness, and organized workshops in three regional cities focusing on urban preparedness and engaging national and city authorities in risk assessment, prioritization and capacity-building. The Regional Office for Africa engaged eight priority countries to develop strategies for implementing urban preparedness, focusing on priority-area risk assessment, simulation exercises and multisectoral coordination mechanisms at the city level. In the Regional Office for the Western Pacific, city-level simulation exercises contributed to strengthening health emergency preparedness and response.

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6. Partnerships are being cultivated to bolster urban preparedness and enhance response capacity for health emergencies and disasters. The WHO regional offices for South-East Asia and the Western Pacific are integrating urban preparedness into health emergency preparedness plans, with technical activities planned to further support implementation of the Framework. Cross-regional collaboration has focused on risk mitigation measures for public health threats in traditional food markets, including foodborne and zoonotic diseases. Cross-regional collaboration has also begun between the WHO regional offices for the Americas and Africa on disaster risk reduction and management.

7. The first global technical meeting on advancing health emergency preparedness in cities and urban settings is planned for June 2024 in the United Republic of Tanzania. Countries and partners will share experiences and priorities and identify areas for WHO support in implementing the Framework. It will also address the importance of urban infrastructure for health security and of aligning urban development with strengthening capacities and capabilities required for future health security.

O. STRATEGY FOR INTEGRATING GENDER ANALYSIS AND ACTIONS INTO THE WORK OF WHO (resolution WHA60.25 (2007))

8. This report highlights the progress made in implementing resolution WHA60.25 during the 2022–2023 period, and achieving health and gender equality targets outlined in the Sustainable Development Goals.

9. In 2023, 105 countries implemented at least two WHO-supported activities to integrate equity, gender and human rights in their health policies and programmes, compared to 71 in 2022 and 58 in 2021.

10. In 2023, WHO provided training to 31 countries on health equity monitoring for data disaggregation and health inequality monitoring, including in three countries in the African Region, 10 in the South-East Asia Region, 17 in the Eastern Mediterranean Region and one in the Western Pacific Region. In 2022, WHO provided training to nine countries in the African Region and one in the South-East Asia Region. In 2022, 20 612 people enrolled in the 12 inequality monitoring e-learning courses in English via the Open WHO platform and in 2023, 29 576 people enrolled.

11. In 2023, the WHO Health Inequality Data Repository increased its scope from one to 62 datasets, addressing more health topics and covering 2344 indicators, compared with 37 in 2022 and 35 in 2021.

12. A total of 53 countries in 2023 and 73 in 2022 reported on ways in which they were integrating health, gender, rights and equity into the strategic lines of action of national health plans. Disaggregated data were used in the monitoring frameworks for universal health coverage and Sustainable Development Goal reports in 27 countries in 2022 and a further 27 in 2023.

13. WHO’s partnership with Global Affairs Canada helped to further prioritize gender equality, human rights and health equity, strengthen staff capacity and generate evidence in countries across all regions. Resources were mobilized for related interventions, with 93 countries benefiting in 2022 and 60 in 2023.

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14. The Department of Gender, Rights and Equity was established at WHO headquarters in 2022, with a plan of action for the Organization to be fit-for-purpose to support Member States to advance gender equality, human rights and health equity around five areas of action: (i) leadership, (ii) architecture, (iii) capacity-building, (iv) resources and tools, and (v) accountability. The global gender, rights and equity network was relaunched and strengthened. The network consists of P4-level focal points across departments at headquarters who allocate 20% of their time to advance gender, rights and equity in their technical and enabling programmes. The Gender Marker was introduced as a mandatory planning tool in 2023 to track the contribution of products, services and budgets to advancing gender equality, complementing the scorecard that measures progress on the integration of gender, human rights and equity across the three levels of the Organization.

15. As part of WHO’s three-year strategy on preventing and responding to sexual misconduct 2023–2025, the Secretariat established clear accountabilities for all workforce members, a victim- and survivor-centred approach, and total transparency on the number of cases reported and disciplinary actions taken within benchmarked timelines, with zero tolerance for retaliation against victims, witnesses or anyone collaborating in investigations of sexual misconduct.

16. WHO significantly improved its rating in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, meeting or exceeding the performance indicators rising from a rating of 47% in 2021, to 63% in 2022 and 81% in 2023.\(^1\) WHO reached Organization-wide gender parity in June 2023. The representation of women increased in every staff category (except for D grades) and in every region, with the highest increase between 2017 and 2023 of 15.5% at Assistant Director-General grade.