

## **ANNEXES**

## **ANNEX 1**

### **Amendments to the Financial Regulations and Financial Rules<sup>1</sup>**

[A60/33 – 29 March 2007]

#### **FINANCIAL REGULATIONS**

##### **REVISED TEXT**

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4.4 At the same time as budget proposals are approved an exchange rate facility shall be established by the Health Assembly, which shall set the maximum level that may be available to protect against losses on foreign exchange. The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate. Any amount unused during the biennium shall be credited to Miscellaneous Income.

4.5 Appropriations in respect of the regular budget for the current financial period may remain available for the following financial period to pay for all goods and services resulting from legal commitments that were made before the end of the financial period, for completion the following year.

...

[6.5 Deleted]

...

[8.2 Deleted]

#### **FINANCIAL RULES**

##### **REVISED TEXT**

*Rule IV – Provision of Funds*

[104.2 Deleted]

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<sup>1</sup> Resolution WHA60.9.

## ANNEX 2

### Strategy for integrating gender analysis and actions into the work of WHO<sup>1</sup>

[A60/19 – 29 March 2007]

1. At its 116th session the Executive Board requested the Director-General to submit a draft strategy and plan of action for bringing gender into the mainstream of WHO's work, in response to the Beijing Platform for Action and the United Nations Economic and Social Council's agreed conclusions 1997/2.<sup>2</sup> The present strategy builds on an earlier document,<sup>3</sup> and on regional commitments.<sup>4</sup> Its submission responds to the above request.

2. The strategy was drawn up on the basis of broad consultation throughout the Organization, with representatives from ministries of health, and with external experts, from which it emerged that gender equality and equity should be integrated into WHO's overall strategic and operational planning, in order to bring about systemic changes across all areas of work. A plan of action for implementing the strategy continues to evolve.<sup>5</sup>

3. The International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), building on the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the World Conference on Human Rights (Vienna, 1993), highlighted the importance of gender equality in all areas of social and economic development. They called on United Nations entities and national governments to ensure that gender equality and equity are taken into consideration in establishing the goals, resource allocations, activities and outcomes of programmes. In particular, the Beijing Conference established "gender mainstreaming" as a major strategy for the promotion of gender equality.

4. Gender mainstreaming was defined by the Economic and Social Council as follows:

*Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.*<sup>6</sup>

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<sup>1</sup> See resolution WHA60.25.

<sup>2</sup> See document EB116/2005/REC/1, summary record of the second meeting.

<sup>3</sup> Integrating gender perspectives into the work of WHO. World Health Organization, 2002.

<sup>4</sup> See, for example, *Strategic action plan for the health of women in Europe*. Copenhagen, World Health Organization, 2001; resolution AFR/RC53/R4 on Women's health: a strategy for the African Region; and resolution CD46.R16 on PAHO gender equality policy.

<sup>5</sup> Document WHO/FCH/GWH/07.1.

<sup>6</sup> United Nations Economic and Social Council's agreed conclusions 1997/2.

5. The internationally agreed development goals contained in the Millennium Declaration include the promotion of gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate sustainable development.<sup>1</sup> The United Nations is strengthening gender mainstreaming through a system-wide strategy, with which the [present] strategy is consistent.

6. In order to ensure that women and men of all ages have equal access to opportunities for achieving their full health potential and health equity, the health sector needs to recognize that they differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men face different health risks, experience different responses from health systems, and their health-seeking behaviour, and health outcomes differ.

7. In many societies, women have less access to health information, care, services and resources to protect their health. Gender norms also affect men's health by assigning them roles that promote risk-taking behaviour and cause them to neglect their health. Furthermore, gender interacts with race and other social stratifications, resulting in unequal benefits among various social groups and between women and men.

8. Support provided by WHO should enable Member States to design health development actions that respond to the specific needs of, and benefit, women and men, girls and boys and help them to achieve optimal health. Thus, analysis of the role of gender and sex in health and responsive actions targeting disadvantaged women and men should be an integral part of WHO's work at all levels of the Organization. This could entail adapting existing policies and programmes so that they respond to specific needs in an equal and fair way, thus enabling all people to participate in, and benefit from, efforts to achieve health and development and to promote gender equality. Efforts need to focus on overcoming the particular disadvantages that women experience, stemming from gender-based discrimination, in order to improve women's health measurably.

## GOALS AND OBJECTIVES

9. The strategic directions outlined below aim at enhancing and expanding the Secretariat's capacity to analyse the role of gender and sex in health, and to monitor and address systemic and avoidable gender-based inequalities in health. When technical programmes focus clearly on these inequalities, the resultant policies and tools enable them to improve the support provided to Member States in formulating and implementing effective gender-responsive health strategies. The strategic directions should be introduced gradually and regularly monitored and evaluated.

## GUIDING PRINCIPLES

10. In order to ensure that the support provided to Member States fully incorporates analysis of the role of gender and sex in health and determines appropriate action, the Secretariat will be guided by the following principles:

- addressing gender-based discrimination is a prerequisite for health equity

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<sup>1</sup> United Nations General Assembly resolution 55/2.

- leadership and ultimate responsibility for gender mainstreaming lie at the highest policy and technical levels of the Organization
- programmes are responsible for analysing the role of gender and sex in their areas of work and for developing appropriate gender-specific responses in all strategic objectives on a continuing basis
- equal participation of women and men in decision-making at all levels of the Organization is essential in order to take account of their diverse needs
- performance management should include monitoring and evaluation of gender mainstreaming.

## STRATEGIC DIRECTIONS

11. **Building WHO capacity for gender analysis and planning.** In order to help to ensure that analysis of the role of gender and sex in health and appropriate planning is integrated into WHO's work at all levels, staff need to have a basic understanding of the subject matter. Support and monitoring mechanisms will be established throughout the Organization, including gender focal points with appropriate expertise, and managers will be responsible and accountable for ensuring that staff develop capacity to analyse and address gender and health issues.

12. The Secretariat's gender, women and health network, comprising staff from the three levels of the Organization, has designed tools for individual training and for self-learning which will be introduced throughout the Organization in order to develop and strengthen staff skills. This work will be extended to global or corporate learning programmes and specific courses. In addition, training in results-based management will include modules on gender analysis, planning, monitoring and evaluation.

13. **Bringing gender into the mainstream of WHO's management.** Incorporation of gender considerations – in the components of results-based management planning, budgeting, monitoring and evaluation – effectively influences the work of the Organization.

14. As achieving gender equality and health equity is a cross-cutting objective in WHO's work, gender analysis should be integrated when country cooperation strategies, medium-term strategic objectives and the programme budget are drawn up. The budget of each strategic objective should reflect the integration of gender analysis and appropriate responses, and performance monitoring and assessment should include gender-sensitive indicators. Regular appraisal and evaluation of activities should include information on progress in integrating gender perspectives into WHO's work and on lessons learnt. The tools and capacity needed to assure this integration will be developed by the appropriate technical and management programmes at all levels of the Organization.

15. **Promoting use of sex-disaggregated data and gender analysis.** In line with the commitment made in the Eleventh General Programme of Work,<sup>1</sup> WHO will use sex-disaggregated data in planning and monitoring its programmes and provide support to Member States in improving the collection, analysis and use of quantitative data on health, disaggregated by sex, age and other relevant social stratifications. It will also promote quantitative and qualitative research to analyse the complex effects

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<sup>1</sup> Document A59/25, paragraph 116.

of social and cultural factors on health and the reduction of gender biases in health information and research.

16. On the basis of analysis of sex-disaggregated health data, observed differences with respect to men and women should be investigated, and policy positions and advice, norms, standards, tools and guidelines formulated to respond to any unfair, avoidable differences. It is essential to establish on the basis of unbiased data what differences exist and why, determine whether they are inequitable, unavoidable or remediable, and pinpoint which interventions are effective. This analysis should improve understanding of differences in: health risks and protective factors; access to resources for protecting health; the manifestation, severity and frequency of disease and health outcomes; health-seeking behaviour; social, economic and cultural contributing factors; and the consequences of ill health and disease. Further, it should help to ensure that the responses of health systems and services are equitable and appropriate and that women and men receive equal recognition and support as formal and informal health-care providers.

17. **Establishing accountability.** Accountability for the effective integration of gender perspectives into WHO programmes and operational plans will rest primarily with senior WHO staff. Successful implementation of this strategy will need leadership, particularly at senior levels, and staff with gender expertise. Implementation by staff members will be appraised with appropriate indicators through the performance management and development system. The governing bodies will be kept informed on a regular basis of progress in integrating gender analysis and actions in WHO's work.

18. **Role of the gender, women and health network.** Implementation of the strategic directions will require advocacy, information, technical support and guidance to staff. Under the leadership of senior management, the gender, women and health network will contribute to implementation by promoting knowledge about gender and health, and providing support for activities geared to tackling the inequalities and disadvantages that women or men experience as either consumers or providers of health care. It will pay particular attention to health issues that are linked to gender inequality and strategic objectives for women's health based on the International Conference on Population and Development Plan of Action, the Beijing Platform for Action, and the 2005 World Summit Outcome.<sup>1</sup> These include increasing women's access to high-quality health care, meeting their sexual and reproductive health needs, taking action against gender-based violence, and reducing the burden of care carried by women. The network will also consider how gender norms and roles affect men's health.

19. The network will work with internal and external partners, including other United Nations agencies, to generate and catalyse knowledge about effective policies and interventions; develop norms, standards, tools and guidelines for integrating gender concerns into health systems and public health actions; offer technical advice to ministries of health and other partners in Member States; and advocate, and take the lead, in building partnerships in order to raise awareness and promote action for achieving health equity.

20. At its 120th session in January 2007, the Executive Board considered the draft strategy and adopted resolution EB120.R6.<sup>2</sup>

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<sup>1</sup> United Nations General Assembly resolution 60/1.

<sup>2</sup> See document EB119/2006–EB120/2007/REC/2, summary record of sixth meeting of the 120th session and the summary record of the ninth meeting, section 2.

**ACTION BY THE HEALTH ASSEMBLY**

21. [The Health Assembly adopted resolution WHA60.25 at its eleventh plenary meeting, 23 May 2007.]

## ANNEX 3

# Financial and administrative implications for the Secretariat of resolutions adopted by the Health Assembly

<b>1. Resolution WHA60.8</b> Financial period 2006–2007: implementation of resolution WHA58.4 <sup>1</sup>	
<b>2. Linkage to programme budget</b>	
<b>Area of work</b>	<b>Expected result</b>
Information Technology Fund: Planning, resource coordination and oversight	5. A globally compatible programme management information system fully in operation, that integrates data from all levels of the Organization, and supports efforts to improve performance and accountability at all levels, and to focus on country work.
Human resources management in WHO	1. New global human resources information system and streamlined, re-engineered procedures established, providing staff globally with improved quality and quantity of information and better access.
Budget and financial management	2. Integrated budget estimates drawn up, including financing strategies; income and expenditure projections, monitoring and reporting carried out for all sources of funds on a fully integrated basis.
Infrastructure and logistics	1. Infrastructure support services operated in a resource-effective and efficient manner.
<b>3. Financial implications</b>	
(a) <b>Total estimated cost for implementation over the “life-cycle” of the resolution (estimated to the nearest US\$ 10 000, including staff and activities)</b> US\$ 7 million.	
(b) <b>Estimated cost for the biennium 2006–2007 (estimated to the nearest US\$ 10 000, including staff and activities)</b> US\$ 7 million.	
(c) <b>Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?</b> None.	
<b>4. Administrative implications</b>	
(a) <b>Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions where relevant)</b> All locations are concerned by the global management system.	
(b) <b>Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile)</b> Additional staffing needed in order to complete implementation of the global management system is financed from within the budgets of the areas of work listed above.	
(c) <b>Time frames (indicate broad time frames for implementation and evaluation)</b> The system is to be ready for implementation at headquarters by the end of 2007.	

<sup>1</sup> Relating to the implementation of the global management system.