

Gender Equality Stock-Take into the WHO Regional Office for Africa's Transformation Agenda: Progress and Opportunities

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Abstract: The World Health Organization Regional Office for Africa (WHO AFRO) is committed to mainstreaming gender equality in its systems and operations through its transformation agenda. This literature review discusses the steps that the WHO AFRO has taken to mainstream gender equality in its systems, programs, and activities, while highlighting successes and opportunities. A narrative literature review methodology was applied, whereby information relevant to the objective was synthesized from 28 publications that were retrieved after searching keywords combined using Boolean operators in WHO AFRO, PubMed, Google Scholar, and Google search engines. WHO AFRO's Department of Gender, Women, and Health addresses gender issues. A Gender, Equity, and Rights unit in the WHO AFRO ensures gender considerations in institutional processes and health programs in both regional and country offices in the commitment to "leave no one behind." It aligns with Sustainable Development Goals 3, 5, and 8 since it extracts gender policies from international statutory instruments and initiatives. The WHO's gender and parity policies guide the WHO AFRO in gender mainstreaming. WHO AFRO's initiatives and mechanisms prioritize female representation and present gender considerations and equity as values of human resources for health policies. Its zero tolerance to sexual harassment and an anonymous reporting system for sexual abuse or exploitation, as well as protection from retaliation and assistance, protects against gender-based harassment by WHO workers. The mandatory shortlisting of at least one qualified female in all recruitments in the WHO AFRO, as stipulated in the transformation agenda, creates room for gender balance in the workforce. Mandatory training, advocacy, and projects on the prevention and response to sexual abuse, inclusion, and diversity also constitute the WHO AFRO's efforts in gender mainstreaming. Empowerment programs have also been initiated for female leaders. The finalization of the WHO AFRO gender policy and the development of its sexual harassment policy will further steer gender mainstreaming toward achieving gender equality and inclusion in the health sector.

Keywords: gender mainstreaming, WHO AFRO, policy, sexual abuse, inclusion

Introduction

Gender discrimination, exclusion from career development, sexual harassment, and gender-based violence persist in Africa despite the global success of counter movements such as Time's Up and MeToo.¹ Women in Africa form the majority of frontline healthcare workers but a minority of global health leaders.² The family life that improved during the COVID-19 pandemic decelerated women's progress into healthcare leadership due to African women's prioritization of parenting and domestic roles over professional roles while working from home.³ Therefore, the goal of gender equality in Africa's healthcare leadership remains unfulfilled.

The United Nations (UN) prioritizes gender mainstreaming in its agencies, including the World Health Organization (WHO).⁴ It has achieved modest progress since UN-Women, UNICEF, UNAIDS, and UNFPA attained gender parity in staffing, and UNFPA and WHO are striving to also achieve gender parity in fixed and permanent employments.⁴ The

WHO Regional Office for Africa, through the Transformation Agenda (TA) that its regional director Dr. Matshidiso Moeti launched in 2015, emphasized gender mainstreaming through structural and organizational reforms.⁵ The TA initiative sought to revamp organizational configuration with a workforce to facilitate WHO AFRO's evolution into a leading public health actor in the African region.⁶ It is a product of wide-ranging consultations across Africa and beyond to ensure the transferability of the WHO's vision to its member states, which included gender mainstreaming.⁷

TA is anchored in four focus areas: pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships. One of the pro-results values for the WHO is fairness, which it purposes to achieve by promoting equity, diversity, and inclusiveness in its programmatic and operational interventions through gender mainstreaming.^{8,9} Therefore, establishing the deliberate steps WHO AFRO has taken to address gender disparities can reveal its progress toward gender equality commitment. This paper focuses on gender mainstreaming by the WHO AFRO in organizational, programmatic, and operational reforms, highlighting gender equality successes and opportunities.

Materials and Methods

A narrative literature review was conducted to identify and synthesize the gender mainstreaming policies and activities of the WHO AFRO. The keywords “gender” AND “equality” OR “inclusion” OR “equity” OR “mainstreaming” AND “World Health Organization Regional Office for Africa” OR “WHO AFRO” OR “WHO African Region” were searched in WHO AFRO, PubMed, Google Scholar, and Google search engines to identify publications that addressed any of the aspects of gender mainstreaming by WHO AFRO. Information related to the research objective in all types of papers published after 2015, when the transformation agenda was launched, were included in the review. Older publications that provided relevant context were also included in the synthesis to comprehensively address the topic.

Findings and Discussion

This narrative review considered approximately 28 publications that focused on WHO AFRO's gender mainstreaming initiatives from the search results. It showed that WHO AFRO initiated about 12 broad categories of gender mainstreaming activities (Figure 1), which are broadly similar to initiatives in other WHO regions since they align with WHO's *Gender, Equity, and Human Rights (GER)* criteria and the *Global Gender Equality Strategy 2019–2023*.^{10,11} First, WHO AFRO established the Department of Gender and Women's Health in 2000, which was later renamed Department of Gender, Women, and Health (DGWH) to build organizational capacity to address issues of gender norms and power relations within the institution.¹⁰ The seamless establishment of a dedicated department to mainstream gender equality is an indication that the WHO AFRO is committed to revolutionizing its organizational culture to foster gender equality. In contrast, gender advocates in the World Bank had to frame gender mainstreaming “smart economics” to align with World Bank's economic culture.¹² The transformation of the DGWH at WHO AFRO across the years is akin to the establishment of the World Bank Gender Innovation Laboratories (GILs) to support the implementation of gender equality interventions.¹³

The DGWH envisions a society where all people attain the highest possible standard of wellbeing and health, human rights are honored and promoted, and all barriers to health are adequately addressed to ensure that gender equality and health equity are a norm.¹⁴ Thus, WHO AFRO's work is centered on systematically identifying, monitoring and addressing health inequalities; implementing gender-specific and gender-transformative approaches to health, and ensuring that everyone's right to health-related issues is respected, fulfilled and protected.¹⁵ This is to support WHO's commitment to “leaving no one behind” in line with the tenets of the Sustainable Development Goals (SDGs).¹⁶ The department is, therefore, instituted around SDG 3, SDG 5 and SDG 8, which seek to promote healthy living among all persons, attain gender equality through the empowerment of women and girls, and reduce all forms of inequality among all, respectively.¹⁴ Having a department solely for the advancement of women issues is a deliberate effort to ensuring that the gender disparities are eradicated within the WHO AFRO's structures and in the provision of health services in the WHO African region.

The WHO AFRO established the Gender, Equity, and Rights (GER) unit in the Office of the Director of Programme Management to entrench the GER in the secretariat's work. As a result, GER considerations are integral in the institutional processes and health programs of more than 80% of WHO AFRO member states,¹⁷ contrary to criticism that WHO has neglected gender mainstreaming in health emergency programs.¹⁸ The GER unit mobilized US\$ 2 million

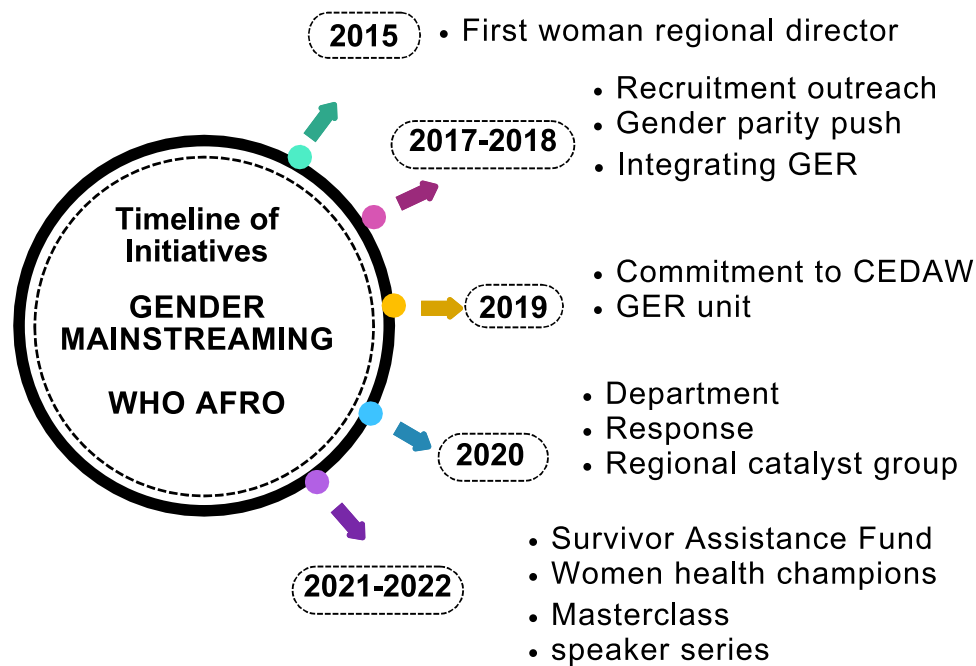


Figure 1 An outline of examples of gender mainstreaming initiatives in the WHO AFRO between 2015 and 2022.

Abbreviations: CEDAW, convention on the elimination of all forms of discrimination against women; GER, Gender, Equity, and Rights.

from Bill & Melinda Gates Foundation to support gender mainstreaming activities and achieve gender equality outcomes.¹⁹ Therefore, WHO AFRO has the systems it needs to integrate gender equality in the organization.

The WHO AFRO extracts its gender policies from international statutory instruments and initiatives such as the SDGs and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It leverages CEDAW's provisions to call for the end of all forms of discrimination against women since CEDAW is a human rights treaty and all WHO AFRO member states are state parties to CEDAW, which implies that they are bound by its terms.²⁰ Thus, its gender policies align with international standards.

WHO has a gender policy that provides gender perspectives in WHO's health actions,²¹ and more recently a gender parity policy that specifically addresses gender parity within the WHO workforce.²² Although WHO AFRO does not have a gender policy specific for the African region, the WHO's policies apply to all regions and member states. Therefore, WHO's gender policies provide a reliable roadmap for gender mainstreaming activities in the WHO AFRO, even as it develops its regional gender policy.

WHO AFRO introduced proactive initiatives and mechanisms to increase female representation in the WHO African region. The proportions of WHO AFRO staff members that were women increased from less than 30% between 2015 and 2017, to more than 32% between 2021 and 2023 (Figure 2). Also, women with professional and higher category jobs increased from 28.9% in 2017 to 31% in 2018.²³ Besides, WHO AFRO's "policies and plans for human resources for health" proposes equity and gender considerations as values and principles of human resources for health (HRH)'s policies.²⁴ Therefore, WHO AFRO's policies align with its gender mainstreaming initiatives and activities.

The WHO has a policy on preventing and addressing sexual misconduct to prevent sexual exploitation and abuse of workers in the workplace.²⁵ The policy is premised on a zero tolerance to sexual harassment, ensuring that any awareness or report on sexual harassment automatically triggers action from responsible authorities. The policy is broad, including anyone working for the WHO, even if sexual exploitation or abuse occurs beyond working hours or outside the working premises.²⁵ Sexual harassment can be reported anonymously through writing or speaking. When sexual abuse and exploitation incidences by allegedly WHO workers were reported in the North Kivu Ebola Response in the Democratic Republic of Congo, the WHO AFRO regional director reiterated her commitment to rectify any mistakes in the mechanisms for reporting sexual abuse and

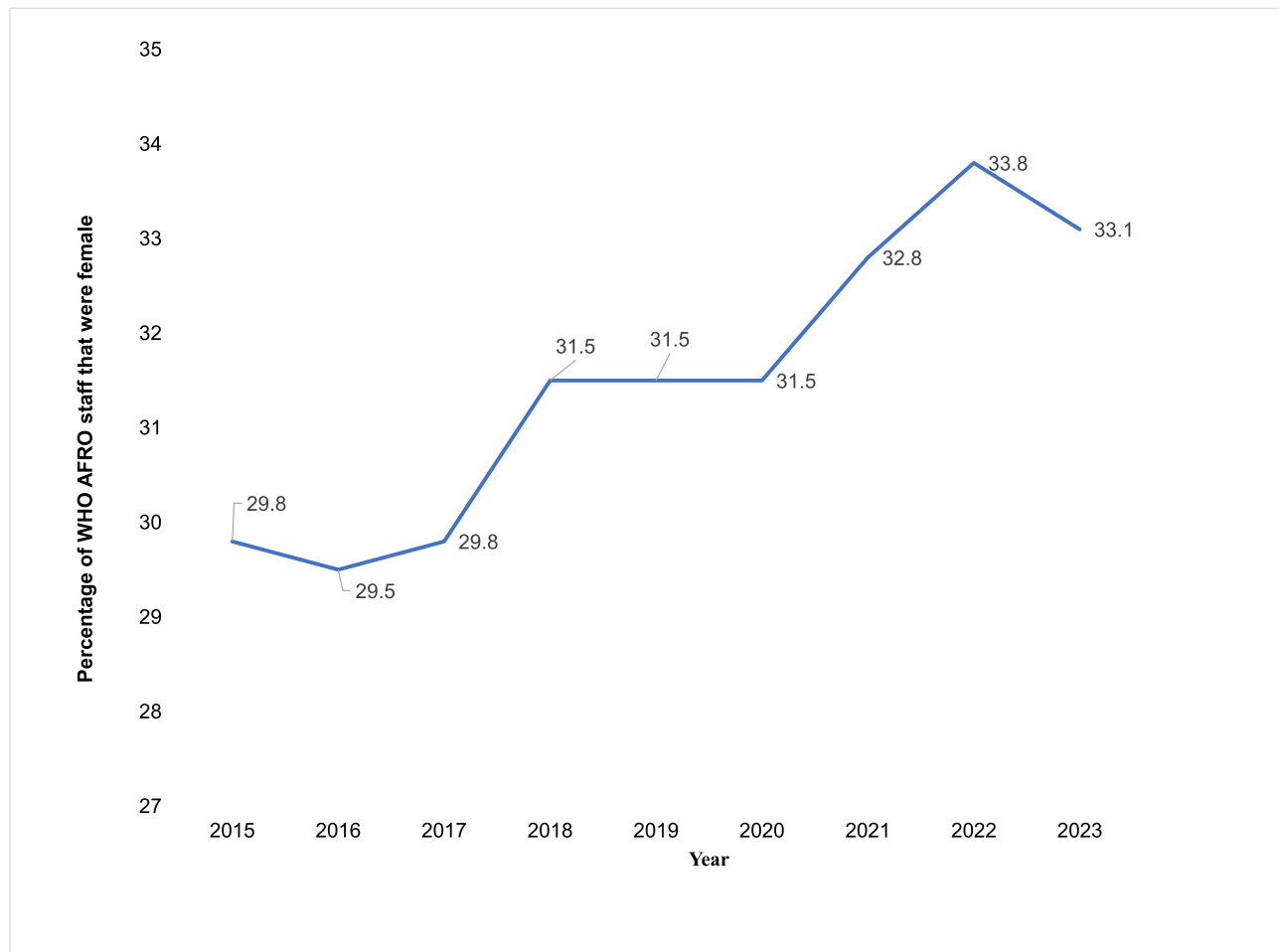


Figure 2 A line graph showing a trend of increasing percentage of WHO AFRO staff members that were female since the launch of the transformation agenda in 2015.

exploitation in the WHO African region.²⁶ Therefore, people working with WHO staff in Africa are protected from sexual abuse. Additionally, victims of sexual harassment have safe room to report incidences for investigation and action.

The WHO AFRO sternly stands against any form of retaliation against survivors or bystanders who have reported sexual harassment incidents. Fear of retaliation by perpetrators is one of the major reasons for underreporting sexual harassment.²⁷ Therefore, cushioning victims from further victimization is critical to challenging underreporting of sexual harassment because silence is the breeding ground for further abuse.²⁸ The UN protocol on the provision of assistance to victims of sexual exploitation and abuse guides victims' support in the WHO.²⁹ The WHO's Survivor Assistance Fund (SAF) was established in 2021 to cushion victims of sexual exploitation and abuse by WHO workers from the cost of accessing legal, psychological, medical, and socioeconomic support, the status of investigations notwithstanding.²⁹ Thus, victims of sexual abuse receive the necessary assistance to heal as they report incidences without fear of victimization for expeditious action by WHO AFRO.

The WHO AFRO regional director from 2015, Dr. Matshidiso Moeti, was the first woman in the history of the WHO AFRO to hold the position.³⁰ She initiated the TA, which mandated the shortlisting of at least one fully qualified female candidate in all recruitments. She also emphasized the support her office would offer to women in WHO African region for thorough empowerment and motivation toward success and development.³¹ Consequently, the proportion of female staff in the region has increased from 29.8% in 2015 to 33% in 2021 (Figure 1).⁸ By 2023, 36.7% of the WHO AFRO staff in the professional and higher categories were female, which is a 6.8% increase from 2015's statistics.¹⁷ The executive management achieved an historic 1:1 ratio of men to women, which is a first for WHO AFRO.¹⁷ Therefore, gender mainstreaming is entrenched in the TA.

All WHO AFRO staff undergo mandatory training on prevention and response to sexual exploitation, harassment, and abuse in the era of the TA.⁸ WHO AFRO also established a regional catalyst group in 2022 to further champion diversity and inclusion by addressing discrimination based on gender identity and sexual orientation. In addition, a gender parity project was initiated within the Secretariat in the African Region to foster diversity and inclusion.¹⁷ So, the WHO AFRO leverages training, advocacy, and projects for gender mainstreaming.

The WHO AFRO integrated GER into its programs and activities such as vaccine equity initiatives and plans, national malaria action plans, and global funding applications. For example, the malaria strategic plans for Ethiopia, Kenya, and Uganda were amended to enhance their GER responsiveness.¹⁹ WHO AFRO's capacity building support to member states increased the number of African countries that can effectively integrate GER in their health policies and strategic plans to 43 in 2024. For instance, Ghana formulated national guidelines to operationalize gender mainstreaming in health, as South Africa developed the health sector gender policy.¹⁹ The integration of GER in programs and activities implemented in member states role models gender mainstreaming for the countries.

TA's gender considerations are embedded in WHO AFRO's organizational culture, considering the small but positive changes in organizational culture expressed by over 1500 WHO staff in the African region through the organizational culture survey and the 2021 evaluation of the global WHO reform.³² The regional director's commitment to transform WHO AFRO into an organization that staff and other stakeholders want is gender-sensitive because it captures both male and female staff and stakeholders. Among the responsive strategic operations in the TA is the improvement of staff recruitment outreach toward attracting a large talent pool for the actualization of the mandatory requirements regarding gender and diversity.³³ WHO AFRO's staff members can then be trained by internal gender mainstreaming experts or using the "WHO gender mainstreaming for health managers; a practical approach", whose facilitator's guide make it a valuable tool in training.¹

WHO AFRO initiated programs to empower female staff members for career growth and progression. It partnered with the United Nations Volunteers to launch the Africa Women Health Champions, which aimed to recruit early and middle career women from the 47 member states as national and international volunteers.³⁴ WHO AFRO created 100 opportunities for the female UN volunteers in its offices across the 47 member states purposefully to prepare them into future female health leaders of the African region.³⁵ Additionally, WHO AFRO partnered with WomenLift Health to bolster the women empowerment initiatives at WHO AFRO to prepare mid- to senior-level women leaders for greater leadership opportunities through capacity building and strengthened resilience to navigate the complex health leadership dynamics.³¹ The empowerment initiatives included training, mentorship, and collaborations.

WHO AFRO also runs several other programs specifically targeting women leaders, including: Pathways to Leadership program for female staff; Women in Leadership Masterclass; Women in Leadership Speaker Series; and the Mwele Malecela mentorship programme for women in neglected tropical diseases.³¹ The WHO Pathways to Leadership for Health Transformation Programme for Female Staff is a four-months in-person training for both WHO workforce and WHO member states to enhance the capacity of women leaders to contribute to the TA.³⁶ Two cohorts underwent the training between 2021 and 2022, impacting 116 women leaders. The WHO Ghana country office, in collaboration with the TA initiative, launched an all-female cohort for the Pathways to Leadership for Health Transformation in 2022, providing a safe space for 27 female health leaders in Ghana to discuss challenges and opportunities in the health sector.

The WHO AFRO's "Women in Leadership Masterclass: Power Up Your Executive Presence" initiative improves the capacity of women leaders to achieve professional goals and become more present, influential, and impactful in the healthcare sector.³⁷ Similarly, in the "Women in Leadership Speaker Series", women interact with female global development leaders to obtain the skills needed to maneuver professional challenges.³⁷ Five webinars were conducted in 2022 with a total of 843 participants. The multiple capacity-building opportunities in the WHO AFRO, specifically for women, demonstrate its commitment to entrench gender equality in its systems and operations.

The main limitation of this literature review is that it only provides insights but the synthesized evidence has limited applicability considering that narrative literature reviews rank relatively low in the hierarchy of evidence. Secondly, its exhaustiveness is limited since the search for publications was not systematic, which was inevitable since the relevant publications could not be accessed through academic databases.

Conclusion and Recommendations

The WHO's transformation agenda in the African region extensively integrates gender equality into AFRO's policies, programs, and activities in regional and country offices as well as in member states. It has a dedicated gender department and a Gender, Equity, and Rights unit. The WHO AFRO promotes the inclusion of female health leaders in decision-making by mandating inclusion, building their capacity, advocating for gender equality, and fighting against sexual harassment, exploitation, and abuse. Gender mainstreaming initiatives have increased the proportion of females employed in professional and higher categories. They also built the capacity of female leaders in the WHO AFRO through training and mentoring programmes. Overall, it has contributed to Africa's progress towards SDG 3, SDG 5 and SDG 8 by promoting women empowerment, which is vital for better access to health, reduced inequalities, and upholding women's rights. The WHO AFRO's specific gender and sexual abuse policies should be fully implemented to further strengthen gender mainstreaming.

Abbreviations

CEDAW, Convention on the Elimination of All Forms of Discrimination Against Women; GER, Gender, Equity, and Rights; SDG, Sustainable Development Goals; TA, Transformation Agenda; WHO AFRO, World Health Organization African Region.

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