WHO's COMMITMENTS TO THOSE WE SERVE

WHO works tirelessly to protect those in vulnerable situations. All WHO's humanitarian operations are guided by activities and interventions working to build resilient communities, ensure gender equality and safeguard vulnerable populations.

Gender, equity and human rights

WHO catalyses, supports and coordinates gender mainstreaming, equity and human rights approaches in health at all levels. A growing body of evidence demonstrates that people of diverse gender identities do not experience health emergencies and their impacts in the same way. Gender norms, pervasive gender inequalities, under-prepared health systems and barriers to accessing quality health care compound the risks and vulnerabilities that women and girls face during health emergencies. To combat this, WHO is committed to addressing gender inequality across emergency preparedness, response and recovery through policies, guidance, operations and capacity building. WHO is also working to elevate the position and representation of women in emergency preparedness, response operations and recovery.

Prevention of sexual exploitation, abuse and harassment

WHO is committed to safeguarding vulnerable communities, and to preventing sexual exploitation, abuse and harassment. WHO adopted and is implementing the United Nations-wide policy on protection from sexual exploitation, abuse and harassment. This is also embedded in the WHO Health Emergencies Programme's Emergency Response Framework across all emergency operations. WHO also works to ensure adequate capacities for management in the event of a sexual exploitation, abuse or harassment incident, including in priority fragile, conflict-affected, and vulnerable settings.

Attacks on health care

Attacks on health care workers are increasing. In 2022, WHO will develop a body of evidence on the nature and extent of attacks on health care and increase the commitment to action through strong advocacy to prevent attacks and protect health care. WHO will also assess the impact of attacks on health care delivery, and document best practices to prevent and mitigate consequences of attacks on health care.

Strengthening local partnerships to build resilience

Partnership and cooperation with local actors are cornerstones of WHO's ability to access hard-to-reach areas, utilize cost-effective resources, and leverage local knowledge. WHO aims to strengthen the quality of engagements and relationships with local partners, making humanitarian response more accountable to affected populations, and enabling purposeful involvement of local actors in the strengthening of health systems. The COVID-19 pandemic has highlighted the central role that local partners played in the early phases of pandemic response and the central role they could occupy in future health outbreaks.

Harnessing the power of global networks

WHO works with trusted global networks to shape responses to health emergencies in real time, better reflecting and adapting to community attitudes, knowledge and perceptions. The WHO Information Network for Epidemics (EPI-WIN) has convened large global networks of faith partners, World of Work partners and youth representatives, and distilled emerging science, co-developed guidance, listened to concerns and feedback, and shared knowledge and experience in responding to COVID-19. This work helps ensure that more people have access to accurate, actionable information during epidemics and pandemics, and acknowledges the roles played by diverse partners in supporting national responses to health emergencies.

Engaging local communities

WHO engaged 54 grassroots civil society organizations, reaching over 80 million beneficiaries in 40 countries with direct financial and programme support in 2020–2021. Activities including relief actions, capacity-building and support to sustainable livelihoods emerged from jointly planned response actions and coordination with national and local governments.

- In Ecuador, indigenous communities received training in soap production to help control the spread of infection and establish new lines of revenue.
- In Nepal and Guatemala, persons with disabilities are now included in national and local response plans.
- In India, hundreds of thousands of internal migrants could access health care services and vaccination with the support of the local civil society organization.

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Community engagement, resilience and infodemic management

Communities are at the heart of every emergency, from detection and response to recovery, and they play a pivotal role in developing effective response measures. WHO works with partners, including the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies and other members of the Global Outbreak Alert and Response Network to ensure risk communication and community engagement is delivered in a coordinated manner. Effective risk communication empowers communities to act and provides the information needed to make informed health related decisions. WHO works with diverse stakeholders to shape responses to health emergencies in real time, better reflecting and adapting to community attitudes, knowledge and perceptions. WHO provides individuals and communities with actionable, timely and credible health information, and works through partners to engage and include communities in the response and work to understand and combat misleading information during health emergencies.

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Value for money

WHO ensures value for money in health emergency response. All WHO activities around the world are designed to maximize the health impact derived from every dollar spent. WHO focuses on impact. The Thirteenth Global Programme of Work sets targets of 1 billion people for each of its strategic priorities. Moving beyond a focus on process or outputs alone, WHO places the impact on people at the heart of its work. WHO measures its results and details its contribution, in support of countries and alongside other actors. WHO is committed to measuring interventions by economy, efficiency, effectiveness, equity and ethics.

Towards zero-carbon health care

WHO guides and supports countries as they move towards zero-carbon health care. For the first time, the Conference of the Parties to the United Nations Climate Convention, COP26, included a health programme in which more than 50 countries committed to strengthening the resilience of their health systems to climate risks and transitioning towards zero-carbon health care. This means having effective management systems in place, including guidance for health workers on what to do with personal protective equipment and health commodities after they have been used. It also involves the use of eco-friendly packaging and shipping, safe and reusable personal protective equipment, recyclable or biodegradable materials and investments in the recycling sector to ensure materials, like plastics, can have a second life. WHO is already working with over 30 countries that are starting this journey and is committed to further scaling up these efforts over the next five years.

Infodemic management

As experienced during the COVID-19 pandemic, information consumption changes rapidly in an interconnected world where individuals maintain multiple social identities and connections with many communities – and this information influences health behaviours. WHO has innovated new partnerships and a whole-of-society approach to effectively respond to challenges in the digital information eco-system, including the rise of misinformation. WHO develops prevention strategies focused on maintaining trust in the response and in the health system. WHO also fosters the science of infodemiology, competence-based capacity development and up-skilling, and evidence-based analysis methods and interventions to promote adherence and trust in public health and social measures, and acceptance of life-saving vaccines, diagnostics and treatments.

On 18 February 2021, WHO employees survey solar panels powering oxygen concentrators delivered by WHO to Hanaano Hospital in Galmudug state, Somalia. © WHO / Ismail Taxta