WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 11:

Changes in institutional culture within UNAIDS Secretariat to support gender equality brought about by the Independent Expert Panel

Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender (click here for the consolidated project report).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

• Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.

• Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.

• Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.

• Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.

• Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;

2. put gender and health issues on the global agenda; or

3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

Case study 11: Background

This case study, which relates to the third outcome group, focuses on the positive institutional changes within the UNAIDS Secretariat following the establishment of the Independent Expert Panel (IEP) as an external accountability structure set up in response to allegations of sexual harassment and abuse of power within the organisation[1].

In July 2018, the Secretariat, through the Programme Coordinating Board (PCB), set up the IEP, following critiques of lack of transparency in its internal and UN system-wide accountability mechanisms[1]. The IEP was mandated to examine UNAIDS's organisational culture, evaluate the effectiveness of existing policies and procedures around harassment, including sexual harassment, bullying and abuse of power, and outline recommendations for action. This action triggered a series of processes that supported the transformation of the organisational culture[1]. The IEP is perceived to have led (and be leading) to the following:

- recognition and growing personal awareness around rights, harmful behaviours, and (un)acceptable language or actions;

- shifting mindsets towards creating equal opportunities for more inclusive leadership (with a focus on women's leadership);

- rebuilding of confidence trust and belief among staff that they will be backed and supported when reporting and disclosing sexual harassment, discrimination, and abuse; and

- new initiatives on cultural transformation focused on empowering staff and enabling mechanisms to identify and report harmful behaviours at early stages, as well as addressing other critical inequalities (e.g. gender parity in staffing and consultancies, racial justice, and civil rights)[2].
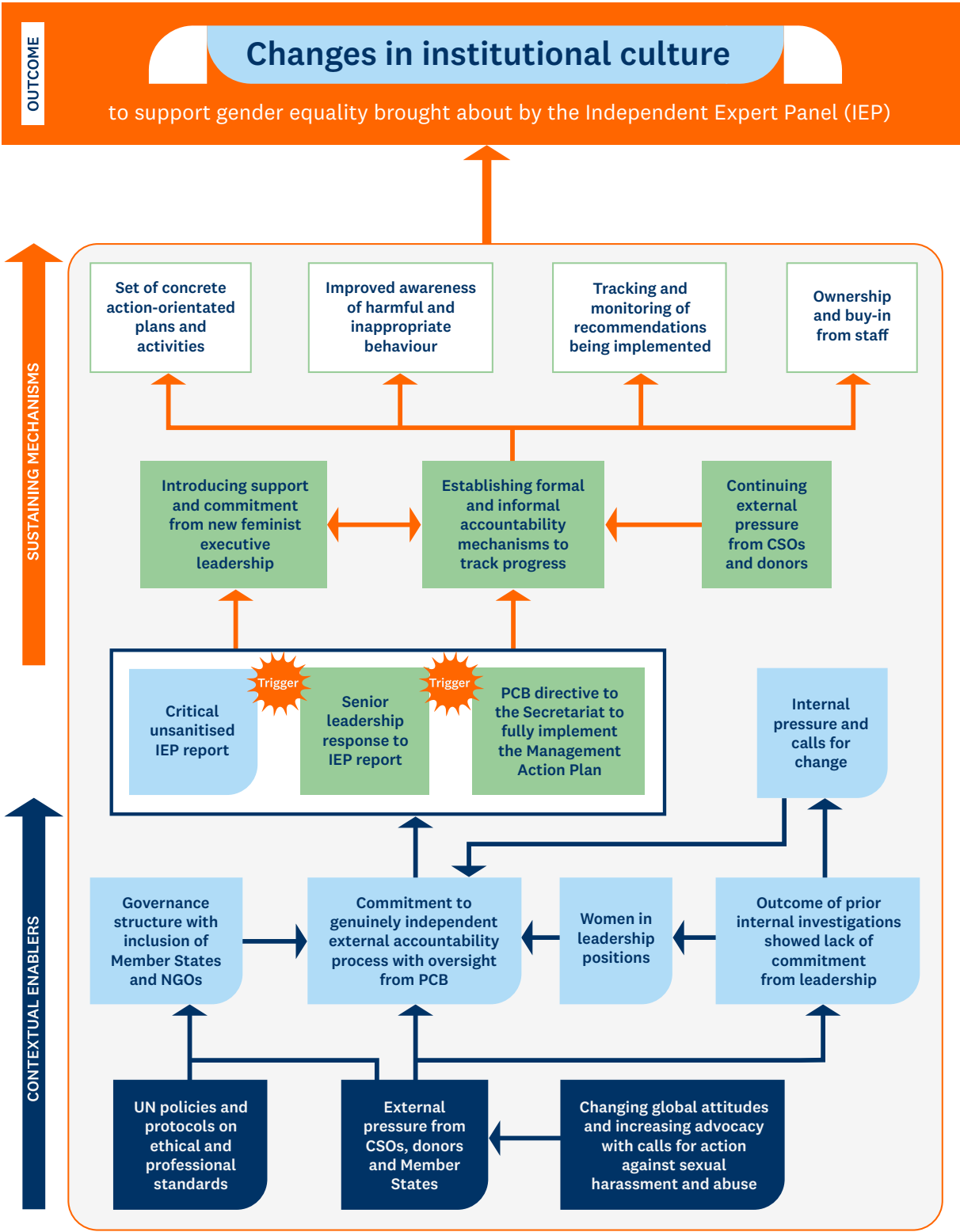
Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that successfully facilitated the positive impact of the IEP report, including actions to advance gender mainstreaming within the Secretariat.

What were the triggers that catalysed the establishment of the IEP as an accountability mechanism to readdress allegations of sexual harassment and bullying within the UNAIDS Secretariat?

By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

The critical unsanitised IEP report with concrete recommendations for actions to improve organisational culture.

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for changes in institutional culture within UNAIDS Secretariat to support gender equality brought about by the Independent Expert Panel (IEP)

OUTCOME

Changes in institutional culture
to support gender equality brought about by the Independent Expert Panel (IEP)

SUSTAINING MECHANISMS

Set of concrete action-orientated plans and activities

Improved awareness of harmful and inappropriate behaviour

Tracking and monitoring of recommendations being implemented

Ownership and buy-in from staff

Introducing support and commitment from new feminist executive leadership

Establishing formal and informal accountability mechanisms to track progress

Continuing external pressure from CSOs and donors

Trigger — Critical unsanitised IEP report

Senior leadership response to IEP report

Trigger — PCB directive to the Secretariat to fully implement the Management Action Plan

Internal pressure and calls for change

CONTEXTUAL ENABLERS

Governance structure with inclusion of Member States and NGOs

Commitment to genuinely independent external accountability process with oversight from PCB

Women in leadership positions

Outcome of prior internal investigations showed lack of commitment from leadership

UN policies and protocols on ethical and professional standards

External pressure from CSOs, donors and Member States

Changing global attitudes and increasing advocacy with calls for action against sexual harassment and abuse

LEGEND

External context | Internal context (UNAIDS) | Mechanism (action) | Mechanism (change)

The IEP report presented evidence of systemic failure to ensure ethical conduct and integrity and circumvention of procedures and processes, resulting in the toxic workplace—abuse of power, bullying and harassment—at the Secretariat. Notably, the IEP report held the Secretariat senior leadership responsible for creating an unhealthy workplace and mismanaging the response to allegations of harassment and abuse[1,3,4]. The report called for changes in leadership and governance at the Secretariat, including strengthening human resource management functions and reforming internal policies and procedures to prevent harassment and abuses[3,4].

Senior leadership response to the IEP report. The response from the Secretariat's senior leadership to the IEP findings and recommendations was mixed. Despite the explicit call by the IEP and the PCB announcement that the report would be made public, senior leadership initially resisted and delayed the timely release of the online report[3,5]. The report was subsequently made public after persistent internal and external staff pressure and HIV/AIDS Civil Society Organizations (CSOs). The Secretariat's senior leadership issued a management response to the IEP report to the PCB. It outlined five action areas to create a work environment that is safe, inclusive, and ensures accountability[1,3,4]. Building on this, the UNAIDS Management Action Plan (MAP) was developed, informed by priorities identified by the UNAIDS Secretariat Staff Association (USSA) and the IEP findings and recommendations[4,6].

PCB directive to the Secretariat to fully implement the Management Action Plan. At the PCB 43rd meeting, Decision Point 5.15 requested the Secretariat's leadership to "fully implement the actions set out in the Management Response" and to present to the PCB for consideration "a more detailed, fully costed Management Action plan, complete with review mechanisms and timeline, with regards to the IEP recommendations, which are under its responsibility..."[7]. The PCB also called on senior leadership to report on the progress of implementing these actions at the 44th meeting.

What enabling contextual factors facilitated change?

The initial triggers described above occurred in a broader enabling context at the global and UN system level, UNAIDS Secretariat and IEP level.

At the global and UN system level, the enabling factors included:

- The IEP process and report occurred when changing global attitudes and the increasing advocacy and momentum of the #MeToo movement strengthened awareness and calls for action against sexual harassment and abuse[3,4].

- Existing UN-related policies and protocols on ethical and professional standards that emphasised the need for an inclusive, respectful and safe environment (e.g., Code of Conduct, Secretary-General's bulletin to prevent harassment, including sexual harassment and abuse). However, there was a lack of transparency in the accountability structures for reporting, investigating, and managing complaints in both internal and UN-external processes, with institutional mechanisms not being truly independent and supportive[3,4].

- The IEP investigation took place after growing external dissatisfaction with UNAIDS following UN internal investigations. Several CSO and Member States started to call for an independent investigation[3,4]. This external pressure for an independent investigation included:

— Several open letters to the UN Secretary-General about the allegations of harassment and abuse within UNAIDS and protest resignations by UNAIDS Scientific and Technical Advisory Committee members over the inadequate response[3,4].

— Member States calling for UNAIDS and the wider UN family to tackle harassment and make it a priority issue to address[4].

— Civil society pressure holding UNAIDS accountable[3,4].

• The fact that the crisis was far-reaching and garnered significant public interest made it difficult to ignore, especially for an organisation with close ties to activist CSOs and a mandate that includes advocacy against violence against women[4].

At the UNAIDS Secretariat level, some of the contextual enablers were:

• The secrecy around the outcomes of prior internal investigations into allegations of sexual harassment and abuse with very little real commitment from senior leadership to institutional change[3,4].

• Staff-driven actions following frustration with leadership inaction. This included the USSA-led first zero-tolerance policy on harassment[3] and senior leadership issuing the 5+ *Point Plan*, including the designation of dignity at work advisers across the Secretariat.

• The UNAIDS governance structure with an NGO Delegation on its PCB. This feature made it possible for CSO concerns regarding unethical workplace behaviours to be reflected at the highest level of the Secretariat. For example, the NGO Delegation supported calls for leadership changes and pushed for the "pre-PCB release of the IEP report" to the general public[8].

• Women in leadership positions, who may have contributed to establishing the IEP and more transformational change within UNAIDS. Although previous efforts to address sexual harassment were not supported by management, initial responses did lead to the women's leadership and mentorship programmes, which may have contributed to more women being in leadership positions at this critical juncture[3].

At the level of the IEP, the enabling factors included:

• The PCB commitment, notably through the UK Chair at the time, to designing a genuinely independent, external accountability process. IEP members were appointed through the UNAIDS board, which had oversight and overall responsibility. Additionally, the IEP members reported directly to the PCB[3,4]. This engagement and oversight of the PCB, including the design of an IEP process, guaranteed production of a critical unsanitised assessment of the state of harassment, abuse of power and work culture within Secretariat[4].

• The selection of qualified IEP members. The IEP operated with its own secretariat selected through a competitive recruitment process[1,4]. IEP members included renowned individuals with substantial human rights and sexual harassment expertise.

How were the IEP recommendations and agency actions sustained?

Broadly, three main mechanisms ensured the changes brought about following the IEP recommendations were sustained:

Establishing formal and informal accountability mechanisms to track progress.
The IEP investigation report triggered recognition by the PCB of the need to strengthen its oversight and accountability roles and responsibilities. The PCB expressed and reaffirmed its commitments to ensuring the highest standards within the Secretariat and senior leadership regarding implementing the IEP recommendations and the MAP[4]. At its 43rd Meeting, the PCB established a working group to ensure the swift implementation of the senior management response, review the IEP conclusions and recommendations, and identify entry points to strengthen PCB's monitoring[3,4,6,7]. Furthermore, the PCB requested the Secretariat leadership to report on the progress of implementing critical actions outlined in the MAP. Since 2019, the Secretariat has submitted two update reports to the PCB on creating an inclusive and enabling workplace.

Starting from its 46th PCB Meeting in 2020, accountability around internal and external audits and ethics is a stand-alone agenda item. The Bureau of the PCB also directly engages with independent offices supporting internal oversight at the Secretariat to strengthen its oversight function[9]. Senior management committed to make the MAP a standing item on the senior management team and regional management team meetings[7].

The USSA also renewed interest, holding senior leadership accountable for implementing action plans by amplifying staff voices for an inclusive, respectful, and safe workplace[4]. There was a collective effort from staff to sustain their internal advocacy and pressure on senior leadership promises made in the MAP. Staff commitment, vigilance and monitoring were crucial internal mechanisms that ensured senior leaders walked the talk[4].

Support and commitment from new feminist executive leadership. The current Executive Director of the Secretariat is committed to the priorities outlined in the MAP and policy changes to move the MAP forward beyond being used as a tick-the-box exercise[3,4]. Building on the MAP, a new initiative, the *Cultural Transformation Agenda*, was launched, informed by feminist principles and an intersectional lens, to change the Secretariat's culture. This Agenda goes beyond metrics and focuses on proactive mechanisms to address sexual harassment and abuse[3,4]. It includes an 18-month gender-action learning programme, drawing on external expertise and learning from successful experiences in other organisations to build an inclusive organisational culture.

The Agenda receives support and resources at the highest level of Executive leadership. The person in charge of the Agenda reports directly to the Executive Director's Chief of Staff[3,4]. Furthermore, there have been multiple dialogues with key stakeholders within UNAIDS, including with USSA, Dignity-at-Work Advisers, and the Gender Action Plan Challenge Group, on collective action for health, dignity and security at the workplace[4].

External pressure from CSOs and donors.
Pressure from civil society groups and calls from national governments added a layer of deterrence against inaction[2]. Several HIV/AIDS organisations (AIDS Health Foundation, AIDS-Free World, STOPAIDS) expressed a lack of confidence in the Secretariat leadership and explicitly called for changes to deliver transformational change.

Pressure from donors was also a critical mechanism. For example, Sweden announced in 2019 that it would halt funding in response to the lack of adequate action[2,3]. The United Kingdom and others signalled their intention to freeze funding if action was not taken to ensure a change in the senior leadership of the Secretariat[2]. This donor pressure contributed to mitigating any potential counteractions against past and ongoing transformational changes to tackle harassment and abuse of power within the organisation[3].

Conclusion

This case study illustrates the organisational-wide change that is possible when gender equality is embedded in institutional processes and structures and the positive impact this can have on gender mainstreaming at the organisational level. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please click here for the full project report.

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