Environmental and Social Safeguards Framework

Environmental and Social Safeguards Framework. First edition.

Environmental and
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Contents

Tables

Boxes

Figures

Acronyms

AAR	after-action review
ATACH	Alliance for Transformative Action on Climate and Health
AMR	antimicrobial resistance
ERF	Emergency Response Framework
ESIA	Environmental and Social Impact Assessment
ESSF	Environmental and Social Safeguard Framework
ESS	Environmental and Social Safeguards Standards
ESRMP	Environmental and Social Risk Management Procedures
FAO	Food and Agriculture Organization
FPIC	free and prior informed consent
GHG	greenhouse gas
IAR	intra-action review
ILO	International Labour Organization
IOS	Internal Oversight Services
IPCC	Intergovernmental Panel on Climate Change
MEAL	monitoring, evaluation, accountability and learning
PM	project manager
SDG	Sustainable Development Goal
SGRM	Stakeholder Grievance Response Mechanism
UNDP	United Nations Development Programme
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNSDG	United Nations Sustainable Development Group
UN-SWAP	United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women
WHO	World Health Organization (also referred to as "the Organization")
WESST	WHO Environment and Social Safeguard Team

Concepts

Biodiversity	The variability of living organisms from any source including, among other things, terrestrial ecosystems and marine and other aquatic ecosystems and the ecological complexes of which they are part; biodiversity encompasses diversity within species, between species living within an ecosystem and among different types of ecosystems.
Climate resilience	The ability of a system to anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses.
Disability inclusion	The meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives, consistent with the Convention on the Rights of Persons with Disabilities "and the WHO Policy on Disability.[1,2]
Due diligence	In the context of an environmental and social management system, this is the process of investigating potential investments to confirm all facts – such as reviewing environmental and social safeguards, audits, assessments and compliance – before considering funding or entering into an agreement with another party.[3]
Empowerment	A participative process that enables individuals and communities to gain more control over their lives and to shape systems around them.
Environmental determinants of health	External environmental factors, not related to behaviour, at a global, regional, national or local level, that influence the health status of humans and animals, including physical, chemical and biological factors.
Environmental health	The branch of public health concerned with studying and regulating factors in the environment that affect human health and disease and those factors with the potential to alleviate detrimental effects.
Environmental sustainability	The process of minimizing negative impacts on the environment and leveraging opportunities to restore and improve it.
Environmental and Social Impact Assessment (ESIA)	It is an assessment that predicts the scale and type of potential biophysical and social risks and impacts of projects, programs and/or policy initiatives – including, where appropriate, transboundary risks. It also involves evaluating alternatives and designing appropriate mitigation, management and monitoring measures to manage the predicted potential impacts.[4]
Gender equality	Gender equality refers to the equal rights, responsibilities and opportunities of women, men, girls and boys in all their diversity. Equality does not imply sameness but that the rights of women and men will not depend upon their gender at birth. Gender equality implies that the interests, needs and priorities of all genders are taken into consideration, recognizing the diversity of different groups. Gender equality is an issue that should concern everyone and fully engage all genders while recognizing that neither all men nor all women are a homogenous group.
Greenhouse gases	Atmospheric gases that trap heat from the sun, contributing to the greenhouse effect and leading to a rise in Earth's average temperature and accelerating climate change. These gases include carbon dioxide, methane, among others.

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1   https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

2   https://www.who.int/about/policies/disability

3   https://www.greenclimate.fund/document/revised-environmental-and-social-policy

4   https://www.greenclimate.fund/document/revised-environmental-and-social-policy

Global warming	The gradual increase in Earth's average surface temperature due to the build-up of greenhouse gases, primarily from human activities, causing various climate-related changes and disruptions.
Hazard	A chemical, physical or social agent that can harm public health.
Hazardous event	An event or situation that introduces hazards to, or fails to remove them from, an operation.
Health equity	Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Health equity implies that, ideally, everyone should have a fair opportunity to attain their full health potential, and no one should be disadvantaged from achieving this potential.
Health of the environment	The extent to which the environment is able to function, maintain biological and chemical processes, adapt to change or cope with the impacts of human activity.
Implementing partner	An entity to which WHO has entrusted the implementation of a programme/project specified in a signed document, along with the assumption of responsibility and accountability to WHO for the effective use of WHO resources and the delivery of outputs. Implementing partners may include – but are not limited to – government institutions, intergovernmental organizations and civil society organizations, including nongovernmental organizations. subcontractors are also subsumed within this definition.
Intersectionality	Recognizes that individuals' lives are influenced by the interplay of various social categories, including ethnicity, race, gender, socioeconomic status, indigenous identity, sexual orientation, geographical location, age, ability/disability, immigration status, and religious affiliation. These interactions occur within a broader framework of interconnected systems and formal and informal power structures, extending beyond institutions like the law, media, state, religious organizations and families as primary social units. These processes collectively contribute to interdependent systemic forms of privilege and marginalization rooted in historical and ongoing forces like colonialism, imperialism, racism, homophobia, ableism and patriarchy.[5]
Intergovernmental Panel on Climate Change	The United Nations body for assessing the science related to climate change.
Mitigation	Reduction of something harmful or the reduction of its harmful effects.
Operation	Refers to all programmes, projects or activities carried out under the direct or indirect responsibility of WHO.
One Health	An integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.
Planetary health	A concept based on the understanding that human health depends on ecosystem health and the wise stewardship of ecosystems.
Risk	The likelihood that an event will occur combined with the severity of its consequences.
Risk Management	Risk management is the process of identifying, prioritizing and responding to risks across an organization. Risk management includes activities to realize opportunities while mitigating threats.
Risk-based approach	The style of addressing adverse environmental and social impacts resulting from WHO activities by applying the concepts of risk and risk management.
Sustainable Development Goals	The United Nations adopted 17 Sustainable Development Goals in 2015 as a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity by 2030.

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5   Ableism characterizes people as defined by their disabilities and inferior to the non-disabled.

Sexual Misconduct   Sexual misconduct encompasses all behaviour characterized as sexual exploitation, sexual abuse and sexual harassment, which are defined, respectively, as follows.

Sexual exploitation: Actual or attempted abuse of a position of vulnerability, power or trust for sexual purposes. This may include, but is not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment: Any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work or operational environment.

Stakeholder   This refers to individuals, groups, communities or governments that (a) are affected or likely to be affected by the activities; or (b) may have an interest in the activities (other interested parties). The stakeholders of an activity will vary depending on the details of the activity and may include local communities, national and local authorities, including from neighbouring governments, neighbouring projects, and nongovernmental organizations.[6]

Stakeholder engagement   An ongoing process that may involve, to varying degrees, the following elements: stakeholder analysis and planning; consultation and meaningful participation; disclosure and dissemination of information; dispute resolution and grievance redress; stakeholder involvement in monitoring and evaluation; ongoing reporting to affected communities and other stakeholders.

Supply chain   Network of entities that source raw materials, transform them into finished goods, and then distribute or sell them to customers.

Executive summary

The World Health Organization (WHO) Environmental and Social Safeguard Framework (ESSF) is intended to promote universal access to health care, a better quality of care, social fairness and equality while also enhancing resilience to social and environmental shocks and achieving the Sustainable Development Goals (SDGs). It also is intended to avoid, mitigate and minimize any adverse environmental and social impacts from WHO activities.

This framework aims to enhance the sustainability of WHO's efforts in achieving its established objectives, optimizing policy opportunities, and setting forth the WHO Environmental and Social Safeguards Standards (ESS). The framework strengthens the sustainability and accountability of WHO's operations and contributes to the Organization's credibility; it applies to WHO and also to its implementing partners and contractors.[7]

The ESSF sets out an approach for addressing the social and environmental risks and maximizing associated opportunities. It establishes fundamental principles and environmental and social safeguard standards aligned with the UN Sustainable Development Group's (UNSDG) guidelines for Cooperation Framework that shape the design and implementation of the UN's programs and policies.[8]

The ESSF has nine guiding principles:
1) Accessing universal health care: securing quality health care services for all and leaving no one behind.
2) Leaving no one behind: WHO to prioritize, empower and improve healthcare access of the most vulnerable - those facing discrimination, geographic barriers, and social inequalities.
3) Promoting sustainability and resilience: ensuring that WHO's work fosters sustainable development and builds resilience to environmental and social shocks.
4) Preserving human rights: protecting and upholding the human rights of all individuals, including those affected by or involved in WHO-supported projects.
5) Fostering disability inclusion: ensuring that WHO's work is accessible and inclusive for persons with disabilities.
6) Enhancing gender equality: promoting gender equality and empowering women and girls to achieve their full potential.
7) Mandating zero-tolerance of sexual exploitation, abuse, and harassment: safeguarding the well-being of all individuals involved in WHO-related activities.
8) Reducing disaster risk: enhancing communities' capacity to anticipate, prepare for and respond to disasters.
9) Ensuring accountability, transparency, and integrity: confirming that WHO's work is accountable, transparent and conducted with integrity.

The ESSF has eight environmental and social safeguard standards:
1) Gauging social and health impacts: assessing and limiting the potential social and health impacts of WHO-supported projects.
2) Mitigating climate change: building climate-resilient health systems and reducing WHO's own environmental footprint.
3) Evaluating resource efficiency: promoting resource efficiency sustainable and safe waste management in the health care sector.
4) Incorporating biodiversity conservation: integrating biodiversity conservation into WHO's efforts to strengthen health resilience.
5) Backing labour rights: promoting ILO labour standards and ensuring safe working conditions for all workers involved in WHO-supported projects.
6) Addressing displacement: understanding the needs of migrants and displaced persons and promoting their health and well-being.
7) Recognizing Indigenous Peoples' rights: supporting the rights of Indigenous Peoples to land, resources, and cultural heritage.

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7   Implementing partners as defined in the United Nations Protocol on Allegations involving Implementing Partners; https://www.un.org/en/pdfs/UN%20Protocol%20on%20SEA%20Allegations%20involving%20Implementing%20Partners%20-%20English_Final.pdf

8   https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance

8) Understanding cultural heritage: preserving and promoting cultural heritage as a means of promoting social cohesion and well-being.

The ESSF will promote adherence to WHO's environmental and social safeguards standards at each stage of a project or programme cycle. The framework elucidates the Environmental and Social Risk Management Procedures (ESRMP). As well, the framework describes WHO's process for identifying potential environmental and social risks that could have direct or indirect adverse impacts derived from WHO's activities. These procedures will allow the development of specific risk response plans to avoid, minimize or offset those risks and to report on the measures taken. The project plan incorporates the results of the risk appraisal and risk response plans.

For WHO, stakeholder engagement is a comprehensive and inclusive process that takes place at every stage of the project. It plays a crucial role in a project's design and assessment, implementation, management and monitoring phases and includes providing timely and transparent disclosure of all relevant information to all stakeholders.

The ESSF includes a disclosure instrument and a grievance mechanism that aligns with WHO's overall accountability framework approach. The disclosure instrument helps affected communities and other stakeholders understand the opportunities, threats and impacts of the proposed activities of WHO operations. The Grievance Review Mechanism enables any person or community member to report concerns – at any stage of the project or programme – and lodge an alleged or potential violation of WHO's social and environmental standards. It facilitates evaluation and resolution of concerns raised by individuals or a community regarding WHO's social and environmental performance as part of the proposed project activities.

The technical support for implementation of the ESSF will be provided by the WHO Environmental and Social Safeguards Team (WESST) in the Environment Climate and Health Department at WHO Headquarters, in consultation with other relevant departments and regional and country offices, at all the three levels of WHO operations as appropriate.

The implementation of this ESSF will be pursuant to WHO's rules, regulations and practices. It will be subject to the availability of financial resources and without prejudice to WHO's privileges and immunities under national and international law.

The purpose of this ESSF is to address the operational activities of the WHO Secretariat and, as appropriate, arrangements between the Secretariat and contractors/ implementing partners. It is not intended to address any legal obligations or arrangements of WHO Member States or to take any position on the laws or practices of any country or area.

This framework was developed by the department of Environment, Climate Change and Health with inputs of a vast number of WHO staff, in particular those working for various programmes and WHO Offices, including: WHO Country Offices of Yemen; India Timor Leste; Lao PDR, Philippines, all WHO Regional offices, Departments of Compliance, Risk Management and Ethics; Coordinated Resource Mobilization; Gender, Rights and Equity - Diversity, Equity and Inclusion ; Preventing and Responding to Sexual Exploitation Polio Eradication; Health and Migration Programme; Health Emergencies and Country Readiness Strengthening; Social Determinants of Health; Office of Internal Oversight Services; Office of the Legal Counsel and the Office of Director General. It was also shared with Environmental and Social Safeguards teams of other UN organizations and donors such as Adaptation Fund for their inputs.

Background

Environmental and social risks can result from environmental degradation and social inequities, leading to a vast environmental burden of disease. Project activities can also harm the environment and contribute to social inequities and further marginalize groups already experiencing discrimination.

In 2016, WHO attributed 13,7 million deaths to environmental factors that include air pollution and poor water, sanitation, hygiene and waste management services.[9,10] Over one million people die each year from exposure to chemicals, which can cause disproportionate harm to human health and the environment.[11]

The single biggest health threat facing humanity is climate change, which threatens to undo the last half-century of progress in development, global health and poverty reduction and to further widen existing health inequalities between and within populations.[12] The impact from climate collapse also triggers biodiversity loss worldwide.[13]

Reducing our reliance on fossil fuels is an urgent necessity to address the climate crisis.[14] In 2020, WHO Director-General Tedros Adhanom Ghebreyesus emphasized the crossroads we face; either we continue pumping carbon dioxide into the atmosphere, jeopardizing our health and the environment, or we choose a cleaner energy future.[15] According to the World Meteorological Organization, global temperatures are projected to reach record highs in the next five years.[16] To avoid catastrophic consequences, we must transition to renewable energy sources, which are the only

viable pathway forward.[17] United Nations Secretary-General António Guterres echoed the urgency of the situation, stating that "climate collapse is happening in real time, with devastating consequences".[18] The 28th meeting of the Conference of the Parties (COP) to the United Nations Framework Convention on Climate Change (UNFCC), held in Dubai in 2023, witnessed representatives from 123 countries signing the Declaration on Climate and Health; signatories pledged to accelerate actions to protect human health and strengthen health care systems in the face of climate-related health risks such as extreme heat, air pollution and infectious diseases.[19]

Social determinants of health are the conditions into which people are born, grow, live, work and age, and they lead to health inequities. Structural inequalities, including gender inequalities, are based upon harmful societal norms and discriminatory attitudes and practices that systematically favour certain social groups while disempowering others (often based upon bias and prejudice regarding identity), placing them in situations of disadvantage and undermining their rights. They are often embedded within, and exacerbated by, the practices of social institutions, including the health system. Structural inequalities underlie the social determinants of health and contribute significantly to inequitable access to quality health services, thus playing a fundamental role in generating health disparities.

Universal health coverage is essential to ensure all people have access to the health services they need without experiencing a variety of difficulties: financial

9   https://www.who.int/data/gho/data/themes/air-pollution/ambient-air-pollution

10   Wolf J. et. al. 2023. Burden of disease attributable to unsafe drinking water, sanitation, and hygiene in domestic settings: a global analysis for selected adverse health outcomes. Volume 401, Issue 10393, P2060-2071. https://doi.org/10.1016/S0140-6736(23)00458-0

11   Persson L. et al, 2022: Outside the Safe Operating Space of the Planetary Boundary for Novel Entities. Environ. Sci. Technol. 2022, 56, 3, 1510–1521 https://doi.org/10.1021/acs.est.1c04158

12   https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

13   Liu, T., Chen, D., Yang, L. et al. Teleconnections among tipping elements in the Earth system. Nat. Clim. Chang. 13, 67–74 (2023). https://doi.org/10.1038/s41558-022-01558-4

14   IPCC, 2023: Summary for Policymakers. In: Climate Change 2023: Synthesis Report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [Core Writing Team, H. Lee and J. Romero (eds.)]. IPCC, Geneva, Switzerland, pp. 1-34, doi: 10.59327/IPCC/AR6-9789291691647.001

15   https://news.un.org/en/story/2023/12/1144292

16   https://wmo.int/news/media-centre/global-temperatures-set-reach-new-records-next-five-years

17   Statement by Antonio Guterres, United Nations Secretary-General, 2023. https://press.un.org/en/2023/sgsm22069.doc.htm

18   https://wmo.int/publication-series/state-of-global-climate-2023

19   https://www.who.int/publications/m/item/cop28-uae-declaration-on-climate-and-health

hardship; inadequate access to clean water, sanitation and hygiene (WASH); poor infection and disease prevention and control in health care facilities; limited access to high-quality, affordable medicines, vaccines and diagnostics; pollution of the environment by pharmaceutical industries and health care facilities; antimicrobial resistance (AMR); and lack of waste management lead to inequalities in universal health.

To implement the leave no one behind principle and to safeguard the environmental and social assets mentioned above,[20] WHO will support sustainable development by taking steps to promote that its operations make the necessary efforts to avoid, minimize and, where appropriate, offset any adverse impacts that its activities cause.[21] This includes the Organization's commitment to: strengthen the role of the health systems in addressing interpersonal violence, in particular against women and girls; ensure their own personnel and implementing partners have zero-tolerance for sexual exploitation, abuse and harassment;[22] and commit to diversity, equity and inclusion, including for persons with disabilities.[23]

WHO seeks to ensure that all persons are valued and respected as equal members of the workforce and where disability is included across all programme areas to support the agenda of leaving no one behind and in line with international human rights commitments. The Organization also pledges to protect the health and well-being of workers and affected individuals or communities that have been historically discriminated against, avoiding discrimination, and ensuring equal access to land and natural resources. WHO also aims to promote gender equality, prevent gender-based violence and protect the rights of all people, regardless of age. WHO is unwavering in its support for stakeholder engagement and empowerment.

20   https://www.who.int/publications/i/item
21   https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind
22   https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment
23   WHO Global Report on Health Equity for Persons with Disabilities: https://www.who.int/publications/i/item/9789240063600

1. Developing the framework

The development of the ESSF is based on WHO internal and external mandates, including donor demand to address environmental and social resilience, and is responsive to challenges posed by three intertwined global crises and the urgent push towards the achievement of the Sustainable Development Goals (SDGs).[24] WHO acknowledges the need to further develop guidance to protect human rights and environmental health and tackle climate crisis effects, as underlined in the 2018 Multilateral Organisation Performance Assessment Network (MOPAN) review.[25]

Safeguarding holds paramount importance within WHO, representing a steadfast dedication to preventing harm and ensuring the protection of individuals. This commitment is deeply rooted as a core value and guiding principle. Safeguarding is distinguished by its proactive measures and resilient systems that foster collaborative engagement among a diverse array of stakeholders. Ongoing assessment, learning and enhancement are crucial to effectively respond to evolving risks. It embodies a collective responsibility that fosters trust, respect and the preservation of dignity, with the ultimate goal of establishing secure and safe environments for everyone. This involves cultivating a culture of safety and assigning the highest priority to the well-being of every individual.
The ESSF is supported by the targets set out in WHO's Global Programme of Work 2019–2025 (GPW13),[26] conclusions of the Progress Report at WHA75,[27] and in Multilateral Environmental Agreements linked to environmental governance and rights – such as such as Basel,[28] CBD,[29] Montreal,[30] Rotterdam,[31] Sendai[32] and Stockholm.[33] Additionally, it is bolstered by the International Labour Organization (ILO) labour standards, which have been widely ratified by the respective Member States of both WHO and the ILO, as well as policies and programmes promoting decent work for all.

The ESSF is a key tool to reduce the potential impact on environmental degradation, social deprivation and other negative social impacts throughout the various stages of projects and programmes. It provides a consolidated repository of standards covering all major areas of WHO concern and a comprehensive approach to on-the-ground implementation and monitoring of adherence to the ESS. It follows a human rights-based approach and acknowledges the human right to a clean, healthy and sustainable environment.[34]

Because the ESSF is used to assess and respond to threats that have adverse impacts on communities and the environment, it can also promote the protection WHO's operational investments.[35] Indeed, by integrating sustainability considerations at early stages into the programme design and implementation, the ESSF helps assure the quality of WHO's service delivery.

The ESSF complements/aligns with other accountability and reporting mechanisms, such as the United Nations System-wide Action Plan on Gender Equality and the

24   Climate change, biodiversity loss and pollution

25   MOPAN is an independent network of Member States who work together – as responsible shareholders and funders – to improve the performance of the multilateral system, making it stronger, better and smarter. https://www.mopanonline.org/assessments/who2017-18/

26   GPW13 targets are additional one billion healthier populations; additional one billion access to universal health coverage; and one billion one billion protected from health emergencies. It includes indicators such as achieving carbon neutrality by 2030 to facilitate the achievement of universal health coverage among the general and the most disadvantaged population. https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf

27   WHO, 2022: Progress report on the Global Action Plan for Healthy Lives and Well-being for All. https://www.who.int/publications/i/item/9789240050846

28   Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, Basel, 1989

29   Convention on Biological Diversity (CBD), Nairobi, 1992

30   Minamata Convention on Mercury, 2013

31   Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade, Rotterdam, 1998

32   Sendai Protocol, 2015

33   Stockholm Convention Stockholm Convention on Persistent Organic Pollutants Stockholm, 2001

34   United Nations General Assembly Resolution 76/300 of 28 July 2022.

35   https://www.climatelinks.org/elearning/ Process and Integration with Operations-management/index.html#/lessons/0NnXKLuL637MEuSyvYf6LnpgN9xSx0HQ

Empowerment of Women (UN-SWAP),[36] the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),[37] the United Nations Disability Inclusion Strategy (UNDIS),[38] and the United Nations System-wide Plan of Action for the Third United Nations Decade for the Eradication of Poverty (2018–2027).[39] The ESSF rejoins commitments made by the WHO Special Initiative for Action on Social Determinants of Health for Advancing Health Equity and the Roadmap of the WHO Secretariat to Advance Gender Equality, Human Rights and Health Equity.[40,41] The ESSF also responds to proposals that are aligned with the calls for action initiated by the SDG 3 GAP initiative and the United Nations General Assembly resolution 66/288 "The future we want".[42,43]

Similar frameworks have been developed by other agencies such as Food and Agriculture Organization of the United Nations (FAO),[44] United Nations Development Programme (UNDP),[45] United Nations Environment Programme (UNEP),[46] World Bank, and the Adaptation Fund.[47,48]

To promote its implementation, the ESSF integrates WHO operational planning and reporting requirements, including the Gender Marker, Human Rights Marker, Disability Inclusion Marker and the Health Equity Marker. The markers track the extent to which every product/service contributes qualitatively and financially to gender equality, human rights and disability inclusion.

To further ensure that societal growth proceeds in a sustainable manner, two universally recognized and interconnected environmental and social concepts are also critical – the "Planetary Boundaries" framework and the concept of "Doughnut economics" (see Annex 1).

The ESSF has nine guiding principles and eight safeguard standards, along with an Environmental and Social Risk Management Procedures (ESRMP), including the stakeholder engagement and grievance response plans. The ESSF capitalizes on the experience gathered by implementing the 2010 WHO Environmental Management Procedure and is aligned by the safeguard policies of other United Nations agencies and international financial and development institutions.

The ESSF set mandatory requirements to strengthen environmental and social resilience that will be applied to all operations carried out directly by WHO or by its implementing partners/contractors. The ESSF seeks to ensure that WHO programmes and projects do not have adverse environmental and social consequences, and that the activities carried out are protected in as much as possible from external environmental and social risks.

The implementing partners, contractors, subcontractors and all other parties responsible for completing the relevant project activities must address the requirements of the ESSF. Furthermore, WHO requires its implementing partners/contractors to comply with all laws, ordinances, rules and regulations bearing upon the performance of their obligations under the terms of the relevant contract with WHO.

The ESSF is developed to manage and improve WHO's environmental and social performance through a risk-based approach. By providing a set of tools, the ESSF seeks to integrate into the definition, preparation and implementation of WHO programmes, activities and strategic decision-making efforts requirements related to: climate change and health; the sustainable use of natural resources; the protection of the environment, livelihoods and communities; and gender equality goals.

36   UN-SWAP, https://unsdg.un.org/resources/un-system-wide-action-plan-gender-equality-and-empowerment-women
37   UNDRIP, https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
38   UNDIS, https://www.un.org/en/content/disabilitystrategy/
39   https://www.un.org/development/desa/socialperspectiveondevelopment/united-nations-decade-for-the-eradication-of-poverty/swap3rd.html
40   https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf
41   https://cdn.who.int/media/docs/default-source/documents/gender/web-roadmap.pdf?sfvrsn=ef685db1_1
42   SDG3 GAP agencies have identified their respective agencies' contributions in support of an equitable and resilient recovery from COVID-19 and other crises. These contributions illustrate the interlinkages between the accelerators, the central role of primary health care, and the importance of equity and health financing. https://www.who.int/initiatives/sdg3-global-action-plan/commitment-page
43   https://icriforum.org/wp-content/uploads/2019/12/UNGA_the_future_we_want.pdf
44   Food and Agriculture Organization, https://www.fao.org/3/i4413e/i4413e.pdf
45   United Nations Development Programme, https://www.undp.org/accountability/social-and-environmental-responsibility
46   United Nations Environment Programme https://www.unep.org/resources/report/un-environments-environmental-social-and-economic-sustainability-framework
47   World Bank, https://www.worldbank.org/en/about/what-we-do/crinfo
48   Adaptation Fund, https://www.adaptation-fund.org/wp-content/uploads/2016/07/ESP-Guidance_Revised-in-June-2016_Guidance-document-for-Implementing-Entities-on-compliance-with-the-Adaptation-Fund-Environmental-and-Social-Policy.pdf

The requirements of the ESSF are to be applied in an appropriately scaled manner based on the nature and scale of the project, its specific activities, and the project's associated social and environmental risks and impacts.

1.1 Objectives and scope of the ESS Framework

1) Advance WHO's efforts to meet its aims to achieve health for all and the goals of the Triple Billion targets in a sustainable manner by preventing unintended environmental and social harms.[49]

2) Strengthen WHO's programming by integrating a principled approach that enables a high-quality result. Incorporate measures to identify, avoid, minimize and mitigate any environmental and social risks and to address any negative effects on people and the environment and on efforts to promote gender equality, human rights and equality.

3) Integrate the implementation of the hierarchy of environmental and social risk assessment and mitigation within the programmes and projects by:
   - anticipating and avoiding adverse environmental and social impacts; and
   - reducing risks and consequences to acceptable levels.

   In the event that avoidance proves impossible and significant residual impacts persist, adopt mitigation strategies wherever technically and financially feasible.

4) Enhance the capacity of WHO and its implementing partners/contractors to manage the social and environmental risks of projects and programmes, thereby minimizing the unintended harm to the people, the environment, and efforts to promote gender equality, human rights and equity.

5) Establish standards for environmental and social sustainability that comply with the 2030 Agenda for Sustainable Development and other

commitments by Member States and the WHO Secretariat that seek accountability to Member States and donors.

Scope:

1) WHO requires that all projects and programmes executed directly by WHO or by implementing partners or contractors funded by WHO, regardless of the funding source, operate in a manner consistent with the ESSF.

2) Implementing the ESSF contributes to the quality assurance of WHO programmes and projects by identifying and managing environmental and social risks.

3) WHO will work with implementing partners/contractors to seek to ensure uniform ESSF implementation.

1.2 Overarching policies and principles

The UNSDG guiding principles for the Cooperation Framework and WHO's programming policies relate to the following overarching principles: ensure universal health coverage; leave no one behind; foster sustainability and resilience; apply a human-rights-based approach; uphold the rights of people with disabilities; advance gender equality; prevent and respond to sexual exploitation, abuse and harassment; reduce disaster risks; ensure accountability, transparency and integrity.[50]

1.2.1 Ensure universal health coverage

Universal health coverage is based on the 2019 United Nations General Assembly Resolution calling for all people to have fair and equitable access to the health services they need, when and where they need them, without financial hardship and in a manner that is inclusive. It comprises the full range of essential health services including water, satiation, hygiene, waste and energy[51], from health promotion to prevention, treatment, rehabilitation and palliative care.[52] Good health systems are rooted in people-centred primary health care in the communities they serve and focus on preventing and treating disease and illness, and also on improving well-being and quality of life.[53] WHO

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49   The goals of the Triple Billions propose to achieve that by 2023, one billion more people are benefitting from universal health coverage, one billion more people are better protected from health emergencies and one billion more people enjoying better health and well-being. See: https://www.who.int/news-room/questions-and-answers/item/the-triple-billion-targets.

50   https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance

51   https://www.washinhcf.org/country-progress-tracker/#country-progress-tracker

52   To make health for all a reality, all individuals and communities need to have access to high quality health services including access to energy, WASH facilities so that they take care of their own health and the health of their families; skilled health workers providing quality, people-centred care; and policymakers committed to investing in universal health coverage.

53   https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

is committed to reducing health inequities through action on the social determinants of health as per three resolutions: WHA62.14 (2009)[54]; WHA65.8 (2012)[55], which endorsed the Rio Political Declaration on Social Determinants of Health; and WHA74.16 (2021)[56] on the Social Determinants of Health.

1.2.2 Leave no one behind

The role of the United Nations in realizing this pledge is described in the "United Nations system-wide Shared Framework for Action on Leaving No One Behind".[57] Leaving no one behind and reaching the furthest behind first is the central promise of the 2030 Agenda.[58] This principle requires WHO to prioritize its programmatic interventions to address the situation of those most marginalized, discriminated against and excluded from health protection and to empower them as active agents of the development process.[59] In identifying who is being left behind, five key factors must be considered: discrimination; geography; vulnerability to environmental and social shocks and stresses; governance and policy coherence; and socioeconomic status.[60] Actions and decisions to ensure that no one is left behind should address inequalities and discrimination by engaging in advocacy, creating enabling environments, developing a capacity for sustainability and resilience, and enhancing the quality and accessibility of health services.

1.2.3 Foster sustainability and resilience

WHO pursues policies to address inequity in health services by reducing vulnerabilities and impacts while also increasing resilience and environmental sustainability in health systems and health care facilities.[61] In its global strategy on health, environment and climate change, WHO acknowledges that social, environmental and economic resilience and sustainability considerations need to be part of all its operations to build resilience and achieve sustainable development.[62] WHO's commitment to the sustainable management, conservation and rehabilitation of natural habitats and their associated biodiversity and ecosystem functions is key to developing sustainable development pathways. As the interlinkages between biodiversity and health indicate – and the Convention on Biological Diversity at its 15th meeting of the COP underlined – WHO's role in the One Health Approach seeks to balance and optimize the health of people, animals, plants and ecosystems.[63,64,65,66]

1.2.4 Apply a human-rights-based approach

The WHO Constitution and the Universal Declaration of Human Rights (1948) were the first international instruments to protect health as a fundamental right of every human being. The right to health is explicitly recognized in the International Covenant on Economic, Social and Cultural Rights.[67] WHO recognizes the centrality of human rights to sustainable development, poverty alleviation, peace and the fair distribution of development opportunities and benefits. WHO recognizes the protection of human rights as a core development need, central to addressing key development challenges including health inequities.[68] The right to health extends beyond health care to the underlying determinants of health such as: access to potable water and sanitation; adequate food, nutrition

54   https://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf

55   https://iris.who.int/bitstream/handle/10665/80482/A65_R8-en.pdf?isAllowed=y&sequence=1

56   https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf

57   United Nations, 2017. Leaving No One Behind: Equality and Non-Discrimination at the Heart of Sustainable Development https://unsceb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3_0.pdf

58   https://sdgs.un.org/2030agenda

59   Including children, women and girls, the elderly, Indigenous Peoples, displaced persons, refugees, people living with disabilities, and people living with HIV/AIDS.

60   At the intersection of these factors, people face multiple reinforcing sources of deprivation and inequalities. Intersectionality allows people to understand inequity in greater depth by looking into the complex interactions of social and other identities that intensify subordination and devaluation. That is, it lends value to the context in which discrimination or inequity is happening and not to the objective act in isolation.

61   WHO supports countries to reduce risks and vulnerabilities associated with shocks and hazards (whether from socioeconomic or natural causes), climate change, violence, conflict, political and social instability, or economic volatility, and also in designing development cooperation activities, and implementing partners to identify opportunities to advance sustainability and resiliency dimensions to strengthen human health and environmental protection. More at: https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/country-support/building-climate-resilient-health-systems

62   WHO, 2020. Global strategy on health, environment, and climate change. https://www.who.int/publications/i/item/9789240000377

63   https://www.who.int/news-room/fact-sheets/detail/biodiversity-and-health

64   CBC COP 15 held in Montreal, Canada, 7-19 December 2022. https://www.cbd.int/article/cop15-cbd-press-release-final-19dec2022

65   One Health: https://www.who.int/health-topics/one-health#tab=tab_1

66   https://www.who.int/publications/m/item/one-health-definitions-and-principles

67   "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

68   https://www.who.int/health-topics/gender#tab=tab_1

and housing; healthy occupational and environmental conditions; and access to health-related education, including on sexual and reproductive health.[69] Several other rights are also relevant in the context of health, including the right to privacy and informed consent, the right to participate in decision-making, and the right to equitable treatment.

1.2.5 Uphold the rights of people with disabilities

Disability inclusion is essential to achieving the highest attainable standard of health for every human being; approximately 1.3 billion people, or 16% of the global population, have a significant disability. Persons with disabilities continue to experience a range of health inequities due to structural factors such as stigma and discrimination, social determinants, and barriers in the health system.[70] Persons with disabilities, particularly women and girls and those with intellectual and/or psychosocial disabilities, often are exposed to a range of discriminatory practices in health systems, including denial of life-saving critical care in health emergencies; the use of derogatory or offensive language; forced sterilization; and involuntary admission, treatment, seclusion and restraint. Additionally, persons with disabilities are disproportionately vulnerable to the consequences of climate change, including restrictions on travel and obstacles to accessing social protection and health care services. The rights of those with disabilities are protected under the Convention on the Rights of Persons with Disabilities. WHO, through the WHO Policy on Disability and the UNDIS, is committed to ensuring that disability inclusion is addressed meaningfully in the Organization and is integrated across all programmatic areas of work.[71,72]

1.2.6 Advance gender equality

Gender equality is a fundamental human right and a necessary foundation for a peaceful, prosperous and sustainable world. However, gender inequality and discrimination faced by women and girls puts their health and well-being at risk.[73] Due to unequal power dynamics in gender roles, norms and relations, women, men, boys and girls in all their diversity and/or other groups that are historically discriminated against, marginalized or disadvantaged experience distinct vulnerabilities to environmental and social risks, with women often being disproportionately affected.[74] Addressing gender inequality and discrimination is key to a sustainable future and creating a world where all people, regardless of gender, can be healthy and thrive. The Convention on the Elimination of All Forms of Discrimination Against Women, ratified by 189 countries, explicitly acknowledges that "extensive discrimination against women continues to exist" and emphasizes that such discrimination "violates the principles of equality of rights and respect for human dignity."[75]

Through progressive frameworks, most recently the 13th General Programme of Work and the Roadmap of the WHO Secretariat to Advance Gender Equality, Human Rights and Health Equity, WHO has committed to ensuring that all policies, strategies and regulations are gender-responsive and that all people, regardless of gender, are actively involved in leadership and decision-making.[76] WHO reports annually on the UN-SWAP indicators, which assign common performance standards for gender equality work, ensuring greater coherence, accountability and results. The recent

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69   Article 12 of the ICESCR states, "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health". See: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights

70   WHO, 2022. Global Report on Health Equity for Persons with Disabilities (2022)

71   https://www.who.int/about/policies/disability. Achieving SDG 3 and global health priorities requires that the health inequities and contributing factors faced by persons with disabilities are addressed across all of WHO's programmatic areas of work.

72   https://www.un.org/en/content/disabilitystrategy/. Resolution WHA74.8: "The highest attainable standard of health for persons with disabilities" calls for WHO to fully implement the UNDIS in order to ensure that disability considerations, including the rights of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations. This includes providing support to incorporate a disability-sensitive and inclusive approach in accessing quality health services, protection during health emergencies and cross-sectoral public health interventions.

73   Women often face greater barriers than men and boys to access health information and services. These barriers include restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and health care providers; and lack of training and awareness among health care providers and health systems of the specific health needs and challenges of women and girls. Consequently, there is a greater risk of unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition, respiratory infections, malnutrition, and elder abuse, among others.

74   Meanwhile, the unique needs of people of diverse gender identities have been overlooked, due in part to a lack of available information on these populations and the fact that invisibility can be a deliberate survival strategy for groups that fall outside of the gender binary.

75   https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women

76   Resolution WHA67.15 "Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children" and resolution WHA60.25 "Strategy for integrating gender analysis and actions into the work of WHO". https://apps.who.int/iris/handle/10665/162855

mandatory adoption of the Gender Marker constitutes one of those common performance standards.[77]

1.2.7. Prevent and respond to sexual exploitation,[78] abuse and harassment

WHO is dedicated to fostering a work environment that honours the inherent dignity of every individual. The WHO Policy on Preventing and Addressing Sexual Misconduct requires WHO and its collaborators to take all necessary measures to prevent and address harassment, abuse of power and discrimination in the workplace or in connection with work (collectively referred to as "abusive conduct").[79] WHO does not tolerate abusive behaviour and enforces a zero-tolerance approach to any form of sexual misconduct (sexual exploitation, abuse or harassment) by its own personnel or implementing partners. Members of the WHO workforce are expected to demonstrate the standards of behaviour as stated in WHO's policies and its Code of Ethics. Reports of such behaviour shall be handled in a timely, considerate and efficient manner in compliance with the relevant regulatory framework and the guidelines outlined in the policy. WHO is committed to informing and educating its workforce, including implementing partners/contractors, about WHO Policy on Preventing and Addressing Sexual Misconduct; the Organization requires them to identify and address the claims of anyone who may have been exposed to sexual misconduct (sexual exploitation, abuse and harassment) and holds them to United Nations standards.[80]

1.2.8 Reduce disaster risks

Disaster risks need to be addressed to protect the lives and well-being of the affected population, particularly in the minutes and hours following impact or exposure. Health workers should remain unharmed, reachable and operational during an emergency or disaster, and health care facilities must have resilient infrastructure that allows for access to medicine, medical equipment and other essential services such as WASH and energy supplies.[81,82] WHO supports Member States to make their health facilities safe from disasters, and the health sector has a critical role in managing infectious risks and responding to outbreaks, including disasters linked to climate change. However, it also has a critical role in preventing and minimizing the health consequences of emergencies due to natural, technological and societal hazards. The COVID-19 pandemic has exposed how underlying vulnerabilities and inequities can have catastrophic consequences for all people in the world and how essential prevention and the risk reduction agenda is if we are to achieve a sustainable future for all.

1.2.9 Ensure accountability, transparency and integrity

Accountability and transparency are the foundation of effective health governance ensuring that health systems are responsive to public needs and that resources are utilized responsibly.[83,84,85] WHO is unwavering in its commitment to these principles, fostering open decision-making, transparent reporting, and inclusive stakeholder engagement.[86] This commitment to transparency drives continuous improvement and strengthens the Organization's credibility in its mission to improve global health. To this end, WHO seeks to promote accountability to stakeholders by: enabling active local community engagement and participation in decision-making, particularly for those at risk of being left behind; mandating transparency of interventions through provision of timely, accessible and functional information regarding supported activities; assessing potential environmental and social risks and impacts to develop management measures; ensuring stakeholders' participation in decision-making processes; and guaranteeing effective monitoring and evaluation of its activities – and participatory monitoring with stakeholders – and reporting on implementation of social and environmental risk management measures.[87,88]

77   https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/How%20We%20Work/UNSystemCoordination/UN-SWAP/UN-SWAP-2-TN-Technical-guidance-en.pdf

78   Sexual exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

79   https://www.who.int/publications/m/item/WHO-DGO-PRS-2023.4

80   https://www.unwomen.org/sites/default/files/2022-02/Handbook-on-gender-mainstreaming-for-gender-equality-results-en.pdf

81   https://www.who.int/activities/making-health-facilities-safe-in-emergencies-and-disasters

82   For more information: https://www.preventionweb.net/publication/sendai-framework-disaster-risk-reduction-2015-2030

83   https://apps.who.int/iris/bitstream/handle/10665/326229/9789241515689-eng.pdf

84   https://www.who.int/health-topics/health-systems-governance#tab=tab_1

85   https://documents-dds-ny.un.org/doc/UNDOC/GEN/N92/836/55/PDF/N9283655.pdf?OpenElement

86   https://www.who.int/about/who-we-are/our-values

87   https://apps.who.int/iris/bitstream/handle/10665/310991/9789241515177-eng.pdf?ua=1

88   WHO Accountability Framework, 2015. https://www.technet-21.org/media/com_resources/trl/5270/multi_upload/accountability-framework.pdf

Fig. 1. Framework for Environmental and Social Safeguards

Source: Corvalán, 2022, adapted by Jan Mulcahy, 2023

1.3 Environmental and social safeguard standards

The ESSF sets out a risk-based approach to managing environmental and social risks arising from WHO activities. The ESSF is based on WHO policies and is structured in relation to eight ESS.[89] By affirming these standards and the above-mentioned policies, the Framework converts the ESS into practical applications that seek to ensure that the requirements are integrated into the preparation and implementation of WHO projects and programming activities and are incorporated into strategic decision-making processes. These requirements are related to promoting good health, health equity, gender equality and human rights,

well-being, nutrition, better livelihood, sustainable use of resources and the protection of the environment.

ESS 1: Health and social impacts: gender equality, rights and equity

ESS 2: Health and climate change

ESS 3: Resource efficiency, pollution prevention and health care waste management

ESS 4: Biodiversity conservation and sustainable natural resource management

ESS 5: Labour and working conditions

ESS 6: Displacement from homes and communities

ESS 7: Indigenous Peoples

ESS 8: Cultural heritage

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89 These standards are in line with the 10 environmental and social sustainability principles promoted by the Strategy for Sustainability Management in the United Nations System, 2020–2030. https://unemg.org/wp-content/uploads/2021/09/EMGSOM.27_INF_3_UN-Sustainability-Strategy-II__version-of-2021.09.15-for-SOM.pdf

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ESS 1:   Health and social Impacts: gender equality, rights and equity

This standard is one of the main focuses of WHO's environmental and social sustainability requirements. It recognizes that fundamental aspects of implementing projects and programmes can increase community and individual exposure and vulnerabilities to health and safety-related risks as well as to social risks and impacts.[90] The environmental footprint of health-related procurement, storage, transportation, delivery, use and disposal of hazardous, infectious and non-hazardous materials and equipment may harm human health and cause social distress. Given the prior existence of structural inequalities – especially those related to gender, race and ethnicity, and disability – these impacts can have important repercussions for the gender equality, human rights and equity aims and mandates of WHO. Omitting these parameters in any impact assessment may result in potential adverse impacts arising at different stages of the activities and services. Transparency about these health, safety and social risks and repercussions is a complex societal, moral, ethical and political commitment.

This standard focuses on protecting communities and individuals from unsafe and unsustainable environmental and social issues, as well as avoiding adverse impacts to health and to gender equality, human rights and equity. In its pursuit of health equity and human rights, WHO pays particular attention to marginalized, historically discriminated against, or otherwise disadvantaged groups.[91] Improving health for all cannot be achieved without clear attention to the different needs, interests, priorities and roles of specific groups, and the relationships among them. WHO especially recognizes the health risks and inequities caused by gender inequality and pervasive harmful gender norms, the disproportionate impacts of these on women, and girls and other groups that are historically discriminated, marginalized or disadvantaged, and the need to facilitate their empowerment as key agents of change, implementers and leaders.

This standard, therefore, aims to assesses the differentiated risks that a project poses on the health and safety of different groups of women, men, boys

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90   Including, but not limited to, the Convention on the Elimination of All Forms of Discrimination Against Women; the 13th General Programme of Work; and the Roadmap of the WHO Secretariat to Advance Gender Equality, Human Rights and Health Equity.

91   The Gender Marker, Human Rights Marker, Disability Inclusion Marker and the Health Equity Marker. https://www.who.int/publications/m/item/guidance-note-on-integrating-health-equity--gender-equality--disability-inclusion-and-human-rights-in-who-evaluations

and girls in all their diversity and/or other groups that are historically discriminated, marginalized or disadvantaged and how these risks affect WHO's pursuit of gender equality, human rights and equity in health. Additionally, it establishes measures intended to prevent or minimize the identified risks and impacts.

Recognizing its obligation to protect the health and well-being of its employees, this standard further aims to shield all personnel involved in the formulation and execution of health care activities and services.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO activities, the following factors need to be considered:

1) Are WHO's overarching policies, principles, corporate commitments and markers an explicit part of consultations with stakeholders during the identification and/or formulation of a project's plans and activities?
2) Do the intended activities increase community or individual health exposure and vulnerability to hazardous and chemical, radiological and biological materials and to contamination, including infectious and noncommunicable diseases?
3) Do the project plans and activities pose any other potential adverse consequences to health and safety or any other social risks and impacts?
4) Are women, men, boys and girls in all their diversity and/or other groups that are historically discriminated, marginalized or disadvantaged exposed differently to specific health and/or social risks due to gender inequalities and/or underlying gender norms, roles or relations?
5) Do the intended activities exacerbate existing risks of violence, social inequalities, conflict or disasters that may impact women, girls and other groups that are historically discriminated, marginalized or disadvantaged?
6) Are risks of exposure to sexual misconduct (exploitation, all types of abuses, and harassment) identified?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) ensure WHO's policies, principles, corporate commitments and markers are communicated and integrated into stakeholder consultations during project planning;
2) embed comprehensive health and safety measures, including surveillance, when dealing with hazardous materials and contamination, including infectious and noncommunicable diseases;
3) prioritize mitigating action to address adverse health and safety-related and other social impacts, especially for historically marginalized communities;
4) develop interventions based on gender-sensitive risk assessments to address gender-specific health and social risks;
5) use conflict-sensitive programming and inclusive community engagement to mitigate exacerbation of existing risks like violence, social inequalities, conflict or disasters; and
6) prioritize safeguarding by identifying and preventing risks of sexual misconduct.

ESS 2: Health and climate change

Climate change is impacting human lives and health in a variety of ways. It threatens the essential ingredients of good health – clean air, safe drinking-water, nutritious food supply and safe shelter. Increasingly frequent extreme weather events are taking a rising toll on people's lives and health, while also threatening health systems and health facilities.

Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress alone. Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.[92] While health systems are primarily designed to improve human health, they also have a significant impact on climate change and the environment. According to a 2022 study published in the journal *The Lancet Planetary Health*, the global health sector emits an estimated 5.2 gigatons of carbon dioxide per year, making it the fifth-largest emitter of greenhouse gases.[93] Health systems need to be made more climate-resilient through the use of adaptation actions that can quickly be brought to scale.

WHO leads the Alliance for Transformative Action on Climate and Health (ATACH). This voluntary platform brings together over 80 countries and multiple key implementation partners – including development agencies, multilateral development banks and major philanthropic foundations, as well as practitioner, academic and nongovernmental organizations – that have committed to building climate-resilient and low-carbon sustainable health systems.[94] WHO's *Operational framework for building climate resilient and low carbon health systems* supports efforts to increase the climate resilience of health systems to protect and improve the health of communities in an unstable and changing climate, while optimizing the use of resources and implementing strategies to reduce greenhouse gas (GHG) emissions.[95] It aims to contribute to the design of transformative health systems that can provide safe and quality care in a changing climate.

WHO is dedicated to safeguarding health systems from the effects of climate change and minimizing the environmental impact of health care activities. This includes fortifying health care infrastructure

92   Climate change (https://www.who.int/health-topics/climate-change#tab=tab_1)
93   The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. See:
      https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01540-9/fulltext
94   https://www.atachcommunity.com/atach-community/partners/
95   https://www.who.int/publications/i/item/9789240081888

Fig. 2. Expected disruption of basic necessities 2030-2050

against climate-related challenges and implementing sustainable practices within health care facilities. WHO advocates for the use of eco-friendly technologies and works with partners to create guidelines and promote the adoption of environmentally conscious health care systems to establish resilient and sustainable health care systems that prioritize both human health and well-being as well as the health of the planet.

To reduce the GHG emissions from the health sector, it is key to invest in sustainable and low-carbon health system practices such as: promoting sustainable procurement;[96] investing in renewable energy; adopting energy efficient medical devices; reducing waste generation; improving waste management; creating replacement materials; and enhancing actions across the plastics value chain to end plastic pollution. Health professionals worldwide are already responding in an organized manner to the health harms caused by this unfolding global crisis.[97,98]

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96   Within the United Nations system, sustainable procurement encompasses practices that integrate requirements, specifications and criteria, prioritizing value chain sustainability and plastic reduction. This approach emphasizes resource efficiency, product and service quality enhancements, and ultimately, cost optimization.

97   "Governments to rapidly phase out the exploration, extraction, production, and use of fossil fuels in a fair and equitable manner—and end the expansion of fossil fuel supplies." https://www.thelancet.com/lancet-200/health-climate-change

98   https://globaltreatydialogues.org/

For WHO, health and climate protection go hand in hand. A healthy and sustainable future hinges on the representation, inclusion and protection of the rights of those disproportionately affected by climate change. This requires concerted action by the international community to promote access to the resources that countries and their citizens need to transition to clean, renewable energy.

WHO joins the United Nations in its commitment to track and reduce GHG emissions arising from its operations and commit to be climate-neutral by 2030.[99]

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO activities, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the design stage of the activity?
2) Does the planned activity exacerbate the potential exposure and vulnerability of communities, individuals, ecosystems and critical health infrastructure to climate change risks, including extreme weather events and slow-onset events?
3) Are there options in place to reduce GHGs at different stages of the value chain?[100]
4) Does the planned activity throughout its lifecycle increase the vulnerability of communities or specific groups (including women, girls and/or other groups that are historically discriminated, marginalized or disadvantaged) including due to maladaptation measures?
5) Is the viability or long-term sustainability of operational outcomes and health services impacted by the lack of awareness of potential climate change risks?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) address climate risks comprehensively and integrate resilience planning into operations;
2) minimize greenhouse gas emissions through strategies like energy efficiency and renewable energy adoption;
3) promote engagement of local communities in climate mitigation planning;
4) prioritize gender equality and equity by considering women, girls and/or other groups that are historically discriminated, marginalized or disadvantaged in situation of vulnerability and also implement adaptation measures to avoid maladaptation; and
5) continuously monitor and adapt to climate impacts on operational outcomes and health services for long-term sustainability.

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99   https://unsceb.org/sites/default/files/2022-02/CEB-2007_UN_Climate_Neutral%20_Strategy.pdf
100   GHG emissions throughout the lifecycle including from procurement transportation, infrastructure, service delivery, energy use, cooling and heating of facilities, use of anaesthetic gases, production and management of wastes.

ESS 3: Resource efficiency, pollution prevention and health care waste management

Health delivery services, if not managed properly, can pollute the environment. As a result, these activities can: generate large quantities of waste; increase levels of pollution to air, water and land; consume finite resources; and procure goods and services in a manner that may threaten people and the environment at the local, regional and global levels.

Numerous health care-related activities can adversely impact natural resources and disrupt the delicate balance of ecosystems. These include supply chain operations, chemical usage;[101] managing radiological and biological materials including antibiotics, plastic use, medical waste burning and incineration; infrastructure development; resource consumption; and water and sanitation practices.

To minimize environmental impact and optimize resource utilization within the health care sector, a holistic approach that encompasses the entire supply chain is necessary, from resource extraction to final disposal, to identify critical leverage points for multi-beneficial changes (technological, social or organizational). In opposition to the conventional "take, make and dispose" approach, this standard introduces the concept of circularity.[102,103] This concept, if integrated into each stage of the lifecycle of products and materials used, encourages efficiency in the sustainable use of resources from procurement to waste management practices. For example, the manufacturing, use and disposal of plastics result in significant amounts of pollution reaching the oceans, and all stages of the process also contribute to global warming.[104] There is an urgent need to implement a strategy to finance, produce and trade plastics and

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101 Particularly chemicals such as cadmium, lead, mercury, highly hazardous pesticides and endocrine-disrupting chemicals as pointed out in resolution WHA76/R 17 "The impact of chemicals, waste and pollution on human health" https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_ACONF2-en.pdf

102 Key steps in a supply chain include resource sourcing, manufacturing and testing the product, packaging for shipment or holding in inventory, transporting, storing and delivering the finished product to the distributor, retailer, or consumer and providing customer service support for the management of wastes, including recycling, reuse, treatment and final disposal.

103 https://www.sciencedirect.com/science/article/pii/S0921344917302756?via%3Dihub

104 Every year, between nine and 12 million tonnes of plastic waste is tipped into the ocean – around 17 tonnes every minute. https://news.un.org/en/story/2021/10/1103692

material alternatives that have lower pollution and carbon footprints.[105] Circularity encourages efficiency in resource use, pollution prevention and waste management; it also reduces and disconnects the use of natural resources from economic activity, improving human well-being and accounting for all stages of the lifecycle of the project or programme.

WHO promotes resource efficiency, pollution prevention and sound health care waste management by facilitating processes to avoid or minimize contamination from activities under its responsibility. Special attention is paid to promoting environmentally sound health care waste management through a variety of approaches: preventing hazardous waste from contaminating air, soil and water; containing the spread of infectious waste; and addressing the occupational health and safety concerns of health care waste handlers. The environmental impacts from the discharge of untreated wastewater from health care facilities remains a major challenge, especially given that over half of health care facilities in least developed countries lack access to adequate wastewater treatment.[106] The high levels of several broad-spectrum antibiotics in wastewater due to pharmaceutical manufacturing raise concerns about antibiotic resistance development. New WHO guidance on this matter is expected soon.[107,108] The Organization is adopting sustainable practices,[109] promoting safer chemicals and integrated vector management, and practicing responsible management and disposal of hazardous materials and wastes. This is especially true when it comes to promoting sustainable medical supply procurement practices based on social, environmental and economic criteria and taking steps to decarbonize the supply chain.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO activities, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the operation?

2) Is there an increased exposure to pollution, health care waste or chemical risks – including from use of single-use plastics and packaging – that could affect the quality of ambient air, soils or surface water and groundwater?[110]

3) Do the activities include the resources necessary to set up a sound health care waste management system that avoids unintended harm from exposure to waste and also avoids affecting health workers, patients, the community and the environment as a whole?

4) Does planned procurement include products that are WHO classes IA and IB[111] or other hazardous substances listed under Multilateral Environmental Agreements such as the Stockholm Convention on Persistent Organic Pollutants, the Minamata Convention or any other relevant multilateral environmental agreements?[112,113,114,115,116]

5) Are there any potential cumulative effects from planned land use near ecologically sensitive or protected areas that could have uncertain and irreversible effects?[117]

105 Along the lines of the 2023 international legally binding instrument on plastic pollution. https://buildingcircularity.org/plastics/

106 WHO, 2020. Technical brief on water, sanitation, hygiene, and wastewater management to prevent infections and reduce the spread of antimicrobial resistance. https://apps.who.int/iris/handle/10665/332243

107 https://www.who.int/news/item/21-12-2023-public-consultation-on-antimicrobial-manufacturing-effluent-guidance; https://washinhcf.org/wp-content/uploads/2021/07/Policy-brief-Pharma-waste-and-wastewater-SEARO.pdf

108 Water Sanitation and Health (who.int)

109 Achieved by avoiding/minimizing emissions of short- and long-lived climate pollutants, the use of ozone-depleting substances and the generation of hazardous and non-hazardous substances, chemicals and wastes.

110 https://pubs.acs.org/doi/10.1021/acs.est.1c04509

111 Hazardous substances in Class IA are considered extremely hazardous. They are highly toxic and can cause death or serious health problems even with small exposures. Substances in Class IB are considered highly hazardous. They are toxic and can cause severe health problems if not handled properly.

112 10 chemicals of public health concern (who.int). Seek to ensure that the intended initiative does not procure nor use products that are WHO Classes IA and IB or hazardous substances listed under the Stockholm Convention on Persistent Organic Pollutants or considered under the Minamata Convention on Mercury.

113 Chemicals Road Map (who.int)

114 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO:11300:P11300_INSTRUMENT_ID:312307:NO

115 https://www.basel.int/

116 WHO, 2021. Update on the global status of legal limits on lead in paint, December 2021

117 Other factors to be considered, including the finite assimilative capacity of the environment, existing and planned land use, the operation's proximity to ecologically sensitive or protected areas, the potential for cumulative impacts with uncertain and irreversible consequences, and strategies for avoiding and   minimizing the release of pollutants.

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) seek adherence to applicable WHO policies on pollution prevention as well as the sound management of chemicals and hazardous wastes;

2) outline strategies to minimize identified pollution sources – such as use of single-use plastics, hazardous chemicals and pesticides that impact ambient air, water and soil quality – and then establish a monitoring system based on the outlined strategy;

3) develop a comprehensive health care waste management plan, including providing training and promoting sustainable health care waste management practices, to prevent unintended harm from health care waste;

4) embed sustainable procurement practices by setting quality criteria based on the principle of sustainability, including circularity, to reduce unwanted single-use plastics and packaging, promote the use of safer chemicals consistent with Multilateral Environmental Agreements; and

5) address uncertain and irreversible effects based on a cumulative impact assessment for land use near ecologically sensitive areas; protect these areas; and engage stakeholders.

ESS 4: Biodiversity conservation and sustainable natural resource management

In 2021, agencies throughout the United Nations system agreed on a "Common Approach to Integrating Biodiversity and Nature-based Solutions for Sustainable Development into United Nations Policy and Programme Planning and Delivery".[118] Sustainable development requires conserving biodiversity, maintaining ecosystem services and managing natural resources. Biodiversity underpins all life on Earth, providing clean air, fresh water, medicines, food security and fuel sources. However, biodiversity loss is happening at an unprecedented rate, directly impacting human health and indirectly impacting livelihoods, income, local migration and political conflict.[119]

The interconnectedness between biodiversity and human health is evident at multiple scales from the nutrients we consume to the medicines we rely on,

from the ecosystems that protect us from disease to the planetary services that sustain us.[120,121,122] Biodiversity is an indispensable element of our well-being.

The COVID-19 pandemic and its profound impact on human health, society and economies around the world highlighted the interconnectedness between biodiversity, a healthy environment, food systems and our human well-being and has revealed vulnerabilities at all levels. WHO promotes the One Health approach, which is a systems approach to support the health of humans, animals, plants and ecosystems. The quadripartite *One Health Joint Plan of Action (2022–2026)* consists of action tracks to protect and restore biodiversity, prevent degradation of ecosystems and the wider environment, and support sustainable development.[123,124]

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118 https://unsceb.org/un-common-approach-biodiversity

119 https://www.who.int/news-room/fact-sheets/detail/biodiversity-and-health

120 First draft of the Post-2020 Global Biodiversity Framework agreed at the 15th COP of the Convention on Biological Biodiversity, December 2022. https://www.cbd.int/doc/c/abb5/591f/2e46096d3f0330b08ce87a45/wg2020-03-03-en.pdf

121 Approximately 25% of drugs used in modern medicine are derived from plants. https://www3.weforum.org/docs/WEF_New_Nature_Economy_Report_2020.pdf

122 IUCN is building the evidence and knowledge base on health and well-being, interdependencies between natural planetary ecosystems, and human populations. See: https://www.iucn.org/our-union/commissions/group/iucn-wcpa-health-and-well-being-specialist-group

123 FAO, UNEP, WHO, and WOAH. 2022. One Health Joint Plan of Action (2022-2026). Working together for the health of humans, animals, plants and the environment. Rome. https://doi.org/10.4060/cc2289en

124 WHO underscores the significance of the post-2020 global biodiversity framework agreed at COP15 in 2022, in particular with reference to Target 7, which focuses on the protection of biodiversity.

WHO seeks to protect and restore biodiversity and sustainable natural resource management by integrating biodiversity and ecosystem management into development planning and production activities. These efforts can secure livelihoods, food, water and health, strengthen resilience to environmental threats and conserve threatened species and their habitats.

WHO does not support projects or programmes that cause undue harm to important natural habitats. This includes habitats legally protected, designated for protection, recognized for their conservation value, or safeguarded by traditional or Indigenous communities. If a project has the potential to impact critical habitats, it will be considered a high-risk venture and, as such, will require that an Impact Assessment is conducted.

The Impact Assessment examines the habitat's location, characteristics and value, assessing the nature, extent and severity of the impact, including direct, indirect, cumulative and secondary effects. Alignment with management plans and custodians' guidelines is ensured, with decision-making informed by relevant information.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO activities, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the operation?
2) Have all direct and indirect project/programme-related risks and their adverse impacts on biodiversity and ecosystem services been identified?
3) Are ecosystem management and biodiversity conservation considerations integrated into health policies?
4) Are nature based solutions such as integrated approaches to pest and vector management considered in the public health activities that have a high degree of reliance on synthetic chemical pesticides?
5) Are synergies between human health and sustainable use of natural resources recognized?
6) Is the value of nature in health policies recognized, and are the needs of people balanced with the conservation of nature?
7) Are humans considered part of the natural world and a component in the web of all living things as stated in the One Health approach?[125]

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) integrate biodiversity and ecosystem impact assessments into project/programme risk identification as needed, engaging experts and developing mitigation strategies that adhere to applicable WHO policies on conserving biodiversity, maintaining ecosystem services and managing natural resources;
2) provide adequate guidance and tools for the effective implementation of multisectoral approaches to promote the One Health approach to prevent and manage risks at the interface among people–animals–plants–environment;
3) promote integrated pest and vector management and alternatives to hazardous pesticides to prioritize the health of agroecosystems;
4) reduce the risk of zoonotic epidemics and pandemics by understanding the linkages and drivers of emergence and spill over, adopting upstream prevention and strengthening One Health surveillance, early warning and response systems;
5) reduce the burden of endemic zoonotic and vector-borne diseases by supporting countries in implementing community-centric, risk-based solutions, strengthening relevant policy and legal frameworks from the local to the global levels and across sectors, and increasing political commitment and investment;
6) take joint action to preserve antimicrobial efficacy and seek to ensure sustainable and equitable access to antimicrobials for responsible and prudent use in human, animal and plant health; and
7) embrace the value of nature in health policies, emphasizing the One Health approach and promoting nature-based solutions for human well-being through the end of the project or programme cycle.

125 One Health is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. https://www.cdc.gov/onehealth/basics/index.html

ESS 5: Labour and working conditions

The pursuit of inclusive and sustainable economic growth, employment and decent work for all requires the protection of workers' fundamental rights, their fair treatment and the provision of safe and healthy working conditions. Resolution WHA60.26 in 2007 urges Member States "to work towards full coverage of all workers, particularly those in the informal sector, agriculture, small enterprises and migrant workers with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries".[126] WHO promotes the implementation of the ILO core labour standards as stated in the 1998 ILO Declaration of Fundamental Principles and Rights at Work and also promotes other international conventions and instruments that also guide the requirements for this standard.[127]

Across the world, health care professionals are among the most trusted professionals, and their rights are to be protected at all times. The requirements regarding labour and working conditions apply to all workers on projects and programmes executed by WHO or by implementing partners or contractors funded by WHO.

Violence in the workplace is marked by the fact that women and frontline workers are most at risk, given their higher-than-average exposure to issues such as bullying, harassment, violence, verbal abuse or threats, and unwanted sexual attention.[128]

This standard is based on the principle of equality of opportunity and treatment, and there shall be no discrimination with respect to any aspects of the employment relationship, working conditions and terms of employment, access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices.[129] In addition, decisions relating to the employment of workers are not made based on personal characteristics unrelated to inherent job requirements.[130]

All WHO activities prohibit the use of forced labour – including people bound by trafficking, slavery, servitude and debt bondage – and the deceptive recruiting of labour. WHO, in particular, fully supports eliminating the worst forms of child labour, as per ILO Convention C-182, including all forms of slavery or practices

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126 https://apps.who.int/gb/ebwha/pdf_files/wha60/a60_r26-en.pdf
127 https://www.ilo.org/declaration/lang--en/index.htm
128 https://www.eurofound.europa.eu/publications/blog/violence-in-the-workplace-women-and-frontline-workers-face-higher-risks
129 https://www.ilo.org/global/topics/working-conditions/lang--en/index.htm
130 Such as gender, sex, race, colour, nationality, national extraction, political opinion, affiliation or non-affiliation to a union, ethnic, social or indigenous origin, religion or belief, marital or family status, disability, age, sexual orientation or gender identity.

similar to slavery, and work that is likely to harm the health, safety or morals of children.[131] In addition, WHO promotes that all health workers are protected and have adequate supplies of personal protective equipment and access to other infection control and injury prevention material and measures.[132] In addition, all persons with disabilities must be provided with reasonable accommodation so that they may safely and effectively participate in the health workforce.[133] Workplace policies governing human rights and gender equality are essential for creating a safe and inclusive work environment for all employees. By setting out clear standards and procedures for preventing and addressing violence, harassment, intimidation, and/ or exploitation – including any form of gender-based violence – businesses can help to ensure that all employees feel valued and respected.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO operations, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the planned operation?
2) Is there a potential for discrimination and lack of equal opportunity for the health workforce?[134]
3) Is there use of forced labour, including trafficked persons, slavery, servitude, debt bondage and deceptive recruiting of labour or any form of child labour?
4) Could quality and safety of the planned infrastructure and services – as it relates to design, construction and operations – have a potential impact on the environment and on the communities, including injuries from internal and external accidents?
5) Are health care professionals provided with adequate personal protection against natural or man-made hazards?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) Seek to adhere with international labour standards (conventions and recommendations), as established by the ILO.
2) Prioritize occupational health and safety with robust programmes and training, providing safe and healthy working conditions including all necessary vaccinations and personnel protective equipment.[135,136]
3) Provide clear and understandable information and documentation regarding the conditions under which workers will be employed or engaged and managed, in accordance with the requirements of applicable labour standards.
4) Prevent and respond to violence, harassment and discrimination through policies and training and institute redress mechanisms.
5) Offer reasonable accommodations to support workers in vulnerable situations and persons with disabilities.
6) Maintain transparency and accountability through reporting and stakeholder engagement.

131 "Including the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; child prostitution and pornography; using children for illicit activities, in particular for the production and trafficking of drugs." See: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C182

132 https://www.who.int/news-room/fact-sheets/detail/occupational-health--health-workers

133 Reasonable accommodation is "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms" (CRPD, art. 2).

134 See Article 20 of ILO Convention 169: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C169

135 Infection prevention guidance-eng.pdf (who.int)

136 Laboratory biosafety manual, 3rd edition (who.int)

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ESS 6: Displacement from homes and communities

There is no single or universally accepted definition of the word "migrant". But a general, widely used characterization is a person who has moved across or within international boundaries, either temporarily or permanently.[137] Many complex, overlapping factors drive migration and displacement including economics, educational opportunities, armed conflict, violence and the flight from persecution. A displaced person is one who has moved involuntarily, usually due to armed conflict or natural or human-made disasters.[138]

The 2022 World report on the health of refugees and migrants outlined how displacement is a key determinant of health and well-being and examined the complex and dynamic relationship between health and displacement.[139] Some of those who migrate may attain better employment, nutrition and economic status. However, those who are displaced, in particular, may instead face extreme poverty, inadequate access to food, social exclusion and discrimination in countries of destination or transit. Poor health can result from exposure to new health risks, unhealthy living conditions and the interruption of health care provision or treatment. Migrants may be vulnerable to specific risks and poor health such as low vaccination coverage,

communicable diseases and poor mental health. Certain population groups, such as women, children and the elderly, face increased risks of social isolation and gender-based violence.

WHO seeks to avoid having its activities result in displacement, including relocations across international borders.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO operations, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the planned activities?
2) Is the risk of possible displacement of people from their homes or land foreseen in any of the planned activities?
3) Has the project taken steps to ensure that safeguarding people's shelter, homes and communities are acknowledged and integrated into its activities?

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137 https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf
138 https://www.unhcr.org/glossary
139 https://www.who.int/publications/i/item/9789240054462

4) Is the assessment of activities that may impact the rights, lands, territories and resources of populations conducted transparently and with meaningful participation?
5) Do any of the projected impacts disproportionately affect specific groups, such as women, children and/or other groups facing vulnerability and/or discrimination?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) engage meaningfully with local communities during the planning process and provide adequate guidance and tools;
2) protect the physical and mental health and well-being of all people;
3) address possible displacement and its consequences, including those that disproportionately affect specific groups, especially women, children and/or groups facing vulnerability and/or discrimination; and
4) maintain transparency and accountability through reporting and stakeholder engagement.

ESS 7: Indigenous Peoples

Indigenous Peoples possess collective human rights and knowledge systems that are indispensable for their existence, well-being and development.[140] The special relationship that Indigenous Peoples have with their lands, territories, resources and cultural heritage is integral to their physical, spiritual and cultural survival. Traditional knowledge systems play a vital role in keeping ecosystems functioning and preserving biodiversity. The issue of conservation is, first and foremost, also an issue of territorial rights. These rights can be advanced if Indigenous Peoples are effectively recognized as institutional actors (true authorities) of conservation policies, objectives and plans and if their territories are acknowledged as spheres or units of global conservation.[141]

WHO approaches Indigenous cultures as an essential element of sustainable development and recognizes that traditional healing practices and knowledge are essential to the promotion and protection of their rights, including those mentioned in the UNDRIP and the 1989 ILO Indigenous and Tribal Peoples Convention (No.169).[142,143]

Indigenous Peoples have specific rights with regards to their lands, territories, resources, traditional livelihoods and their tangible and intangible cultural heritage. Additionally, recognizing and respecting the culture of Indigenous Peoples is necessary to achieve WHO's goals of advancing human rights, respecting Indigenous People's identities, and improving their health and well-being. In May 2023, the World Health Assembly adopted resolution WHA76.16, focusing on Indigenous Peoples' health.[144] This resolution urges the Director-General to create a Global Plan of Action for the Health of Indigenous Peoples in consultation with various stakeholders, to be presented at the Seventy-ninth World Health Assembly in 2026. Resolution WHA76.16 emphasizes the importance of engaging in consultations with Indigenous Peoples with their free, prior and informed consent (FPIC).[145]

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140 Globally, ILO reports in 2019, there are an estimated 476.6 million Indigenous Peoples, of which 238.4 million are women and 238.2 million men.2 Overall, they represent 6.2 per cent of the world's population. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_735607.pdf

141 This standard applies to all health operations that may affect the human rights, lands, natural resources, territories, cultural heritage and/or traditional livelihoods of Indigenous Peoples regardless of whether (i) the operation is located within or outside of the lands and territories inhabited by the Indigenous Peoples in question; (ii) a title is possessed by the affected Indigenous Peoples over the lands and territories in question; or (iii) the Indigenous Peoples are recognized as Indigenous Peoples by the country in question.

142 https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

143 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C169

144 Resolution on the Health of Indigenous Peoples: https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf
     In the same Resolution, the World Health Assembly urged Member States to, among other tasks, develop knowledge about the health situation of Indigenous Peoples with their free, prior and informed consent; develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples; encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, taking into account their traditional knowledge and practices.

145 https://elearning.fao.org/course/view.php?id=500 . WHO is currently developing a similar course centred on the practical implementation of the right of Indigenous Peoples to FPIC across every phase of a project's lifecycle.

The quadripartite One Health Joint Plan of Action and its implementation guide are enhancing the development of appropriate mechanisms/guidelines that include the participation of Indigenous Peoples and take into account their traditional knowledge to guide One Health decision-making. Their partaking is crucial to identify sustainable solutions, nature-based where applicable, for the prevention and control of emerging and re-emerging zoonotic diseases and to increase community preparedness and resilience.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO operations, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the activity?

2) Is the project engaging in consultations with Indigenous Peoples, including their representative institutions, and ensuring their free, prior and informed consent and cooperation in line with the principles of the UNDRIP?

3) Is there a recognition to respect the collective rights of Indigenous Peoples on the land, territories and resources that they have traditionally owned?

4) Has the project taken steps to maintain the rights of Indigenous Peoples to control, protect and develop their intellectual property over their cultural heritage, traditional healing practices and knowledge, and are these factors acknowledged and integrated into WHO activities?

5) Is there an approach to respecting and safeguarding the special relationship that Indigenous Peoples have with their lands, territories, resources and cultural heritage and in how this relationship is integral to their well-being?

6) Does the project actively involve Indigenous Peoples, including incorporating their traditional knowledge, in One Health decision-making for disease prevention and control?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) Promote adherence with the applicable WHO policies on protecting the rights of Indigenous Peoples.

2) Establish formal, inclusive and transparent consultation processes with Indigenous Peoples and their representatives to facilitate meaningful, effective and informed participation in decision-making throughout the stages of the lifecycle of the initiative.

3) Seek to ensure that WHO projects, programmes or activities do not violate the human rights of Indigenous Peoples, as affirmed by the UNDRIP, and respect the principle of free, prior informed consent.[146]

4) Seek to ensure that WHO projects, programmes or activities respect the right to lands, territories and resources and incorporate Indigenous Peoples' knowledge systems and their cultural and healing practices. In relation to Indigenous Peoples' health systems and services, efforts should be made in all cases "to organize and provide such services under their own responsibility and control, in order to enable them to enjoy the highest attainable standard of physical and mental health".[147]

5) Seek to ensure that all activities that may impact the rights, lands, territories and resources of Indigenous Peoples require prior review and/or assessment of social and environmental potential impacts and benefits. Such reviews and assessments will be conducted transparently and with the full, effective and meaningful participation of the Indigenous Peoples concerned. If it is determined that the proposed operation may affect the rights, lands, resources or territories of Indigenous Peoples, an "Indigenous Peoples Life Plan" should be elaborated and included in the documentation.[148]

6) Seek to ensure that measures are taken to identify and avoid risks that could lead to misappropriation of Indigenous Peoples' traditional knowledge and healing practices. This includes identifying any potential intellectual property concerns that may result from sharing or usage of Indigenous Knowledge.[149]

7) Involve Indigenous Peoples in One Health decision-making while upholding their rights and interests in cross-sectoral policies.

146 https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
147 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C169
148 https://documents1.worldbank.org/curated/en/423171551183112752/pdf/IPPF-VOps-0221.pdf
149 Example: https://www.wipo.int/wipo_magazine/en/2020/04/article_0006.html

INTEGRATING CULTURAL HERITAGE WITHIN HEALTH CARE FACILITY IN BHUTAN – HTTPS://KUENSELONLINE.COM

ESS 8:   Cultural heritage

WHO recognizes that cultural heritage is central to individual and collective identity and memory, providing continuity between the past, present and future. The recognition of cultural rights does not negate individual human rights and the principle of gender equality. Cultural heritage reflects and expresses people's constantly evolving values, beliefs, knowledge, traditions and practices. Cultural heritage also serves a crucial role within the sustainable development process by: enhancing social cohesion, diversity, physical and mental well-being and quality of life; supporting cultural rights by protecting the heritage of minority and Indigenous groups; fostering socioeconomic regeneration; enhancing the appeal and creativity of cities and regions; boosting long-term tourism benefits; and enhancing sustainable practices. Cultural heritage resources are often unique and irreplaceable and also may be particularly fragile. Given their symbolism, their neglect, exploitation or even destruction may lead to adverse feelings and a sense of oppression.

Throughout all stages of a project or programme, WHO promotes the preservation of cultural heritage in a manner consistent with United Nations Educational, Scientific and Cultural Organization (UNESCO) Cultural Heritage conventions or any other applicable international legal instruments that might have a bearing on the use of cultural heritage.[150] Indeed, as pointed out by UNESCO in 2021, cultural heritage practices can influence how individuals and communities define and address mental health and well-being.[151] Heritage contributes to collective memory, a sense of belonging, cultural identity and social cohesion – all elements strongly interconnected with sound mental health and well-being. These aspects can promote a positive sense of self, social support, solidarity/unity and resilience.

To promote adherence to this standard and avoid unintended consequences when planning the implementation of WHO operations, the following factors need to be considered:

1) Are WHO's overarching policies and principles an explicit part of consultations with stakeholders during the identification and/or formulation of the activity?

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150   To preserve and safeguard cultural heritage from damage, inappropriate alteration, disruption, removal or misuse, it is essential to promote the equitable sharing of benefits from the use of the cultural heritage.
151   https://unesco.org.uk/heritage-mental-health-and-wellbeing-brief-report/

2) Does the project recognize and incorporate cultural heritage as a central element of individual and collective identity, and how is this reflected in project activities?

3) Are measures in place to preserve, protect and promote cultural heritage within the project, ensuring adherence with relevant UNESCO cultural heritage conventions or other applicable legal instruments?

4) Does the project acknowledge the role of cultural heritage in enhancing social cohesion, diversity, well-being and quality of life for communities involved?

5) Are strategies in place to engage with local communities to understand them and show respect for their cultural heritage? Is this engagement integrated into project planning and implementation?

6) Does the project consider the influence of cultural heritage practices on the mental health and well-being of the communities, and are measures in place to incorporate cultural heritage preservation as a way to promote a positive sense of self, social support, solidarity and resilience within the community?

Where factors of unintended consequences are identified, an appropriate mitigation and monitoring plan needs to be prepared to:

1) collaborate with experts to integrate cultural heritage into project activities;

2) promote adherence to applicable WHO policies on preserving and safeguarding cultural heritage from damage, inappropriate alteration, disruption, removal or misuse;

3) promote a positive sense of self, social support and resilience within the community through cultural heritage preservation;

4) create a safe space for dialogue using heritage-based approaches to reach marginalized and traumatized communities (for example displaced and conflict-affected people, refugees, diaspora groups and tribal communities) and provide support to those seeking help; and

5) promote meaningful consultations, including with all local and relevant stakeholders entrusted with the protection of cultural heritage.

2. Procedures for managing environmental and social risks

The Environmental and Social Risk Management Procedures (ESRMP) provide a method for putting the ESSF into action. The procedures facilitate and support the implementation, monitoring and evaluation of the ESSF to ensure that all WHO activities are complying.

The ESRMP will also employ an appraisal process to determine whether the activity adheres to ESSF at each of the five stages of the project cycle as shown in FIg.3.

The ESRMP should be considered as a living document that can be improved by changes brought about by its use in the field.

2.1 ESSF integration into project management

1) The programme/project manager (PM) will assess the environmental and social risks for the proposed project/programme activities with the support of the WHO Environment and Social Safeguard Team (WESST), using the ESSF and the corresponding safeguard standards and overarching policies' checklists.

2) Based on the results of the risk assessment, the PM with support of WESST will develop a proportionate environmental and social risk response plan to avoid, mitigate or offset adverse

ESSF Governance & Stakeholder Engagement (Policy, Adherence and Reporting)

1 Design — E&S risk assessment E&S risk mitigation plan

2 Planning — Planning of E&S mitigation measures

3 Implementation — E&S mitigation implementation

4 Monitoring — Monitoring and Reporting on ESSF implementation

5 Evaluation — E&S compliance performance evaluation

ESSF PROJECT CYCLE

Stakeholder & Grievance Review Mehcanism

Fig. 3. Environmental and Social Risk Management Procedures

impacts of the proposed activities. These plans outline the steps the project or programme will take to manage the identified environmental and social risks throughout the various project stages. The PM will consider the now-compulsory Gender Marker and annual risk assessment for sexual exploitation, abuse and harassment and develop and implement mitigation plans accordingly.[152]

3) The risk response plan will form part of the environmental and social information sheet that will be submitted by the PM to WESST. WESST will review the environmental and social information sheet containing the project details, project risk classification and the risk response plan and provide its inputs to the information sheet.

4) WESST will decide whether more information needs to be gathered for high-risk projects via an Environmental and Social Impact Assessment (ESIA). If, additional information is required via an ESIA, this decision will be determined by WESST and communicated to the PM for action. An ESIA including gender impact assessment will be conducted if the project or programme poses high environmental or social risks that cannot be avoided or mitigated.

5) The final project proposal and approval mechanism will include a submission of the project or programme environmental and social information sheet. The PM will incorporate the environmental and social information sheet into the suggested project activities, such as the implementation schedules for environmental and social reporting and monitoring. Effective adherence monitoring is used to implement the risk response plans. This mechanism includes recording information to track performance and establishing relevant operational controls to verify adherence and assess progress.

6) The PM, implementing partners and contractors are responsible for putting an environmental and social risk response plan into practice as well as for managing and mitigating the identified environmental and social risks. The agreements with implementing partners/contractors must include clauses requiring full adherence to the ESS.

2.1.1 Environmental and social risk assessment

ESSF aligns with WHO's overall risk management approach and uses a dynamic risk-based approach to identify and address environmental and social risks. The review of the initiative allows identifying events that can result in adverse impacts to the environment and to social well-being. Risks are determined according to the likelihood of their occurrence combined with the severity of their consequences and classified along a four-level scale from very low, to low, to moderate, to high.

Based on the level of risks associated with the project or activity, differentiated mitigation and monitoring plans are assigned in response. The risk response plans consider the country context, the context of the relevant WHO office, that of the activity itself and the institutional capacity of the implementing partners/contractors.

The project managers receive support from the provided guidance and templates, helping them to assess, monitor and report on risks in line with the risk management procedures specified in the framework. These activities occur both at a project's outset and continuously throughout its duration. This ongoing process serves to evaluate the effectiveness of chosen mitigation measures and to potentially uncover new risks that may not have been initially identified during project approval.

The provisions for identification and management of environmental and social risks are the same at start as during the implementation of the project. Risk events that may materialize or be identified during project implementation will also be addressed. The PM will report to WESST on any change in the scope of the project.

2.1.2 Environmental and social risk mitigation

By lowering the likelihood of the risk materializing or the severity of the impact should it occur, mitigation planning seeks to address and control the risks that have been identified. Beginning with a consultative approach, it is ideal to explain potential impacts and discuss ways in which the operation can address potential risks with stakeholders and affected local communities, as appropriate

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152 Since 2023, an annual risk assessment for sexual exploitation, abuse and harassment is part of the WHO Head of Office compliance requirements.

Table 1. Risk classifications and required actions

Risk classification	Required actions
Very low	activities require no additional environmental and social risk management
Low	develop response plan; annual reporting with support of WESST
Moderate	develop response plan; annual monitoring and reporting with support of WESST
High	develop response plan; a minimum of biannual monitoring and reporting with support of WESST and review by WESST advisory committee; additional due diligence if required; independent experts to carry out an ESIA

Throughout the project's cycle, early and meaningful stakeholder engagement should include the most vulnerable stakeholders. This involvement is based on timely disclosure of all pertinent information in a format that is accessible to all parties and assurances that the opinions of stakeholders will be considered, including in the identification and management of environmental and social risks and impacts. Environmental and social risk response plans shall consider the following:

1) Feedback loops should be created to verify stakeholder comprehension and support for the risk response strategies. Differentiated measures should be adopted to address risks and impacts to vulnerable people or groups, making sure that their concerns are reflected as defined by the groups themselves.

2) Institutional frameworks should be used and WHO's policies governing the environment, labour standards, gender equality and human rights, and other applicable policies should be followed.

3) Potential environmental and social risks and impacts related to the activities of contractors should be identified; the performance and reputation of contractors should be investigated thoroughly. The steps that must be taken to reduce risks will depend on their size and potential effects.

4) Suitable plans and measures for environmental and social safeguards that are proportionate to the type and extent of the identified risks and their effects should be created.

5) A principle should be established that, when appropriate, those individuals or organizations that are directly or indirectly responsible for the generation of environmental and social risks and impacts are to bear the cost of their mitigation.

6) All technically and financially feasible options to lessen significant potential environmental and social risks and impacts should be considered. This covers the case where planned activities are abandoned.

7) Use adaptive management techniques, which entail gradually integrating knowledge gained from diverse experiences to forecast and enhance risk reduction.

8) Sufficient funds and other resources to support assessments and the creation of risk reduction strategies should be set aside.

9) Actions identified in the risk response plans must be incorporated and monitored along with other activities.

2.1.3 Environmental and social risk assessment for acute and protracted emergencies

The world is facing more complex health crises, including infectious diseases, conflicts, natural disasters and environmental hazards. WHO, as the leader in the Global Health Cluster, has specific responsibilities under the International Health Regulations and has an essential role to play in supporting Member States to prepare for,[153] respond to and recover from public health emergencies. This starts by detecting and assessing public health events and then deciding if a WHO operational response is needed through a grading process. Grading is an internal activation procedure that triggers WHO emergency procedures and activities for the management of the response. Emergencies that continue for more than six months are defined as protracted crises.[154]

The application of the ESSF within the context of emergencies needs to be informed by criteria of

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153 https://www.who.int/health-topics/international-health-regulations#tab=tab_1
154 https://www.who.int/emergencies/grading

proportionality, adaptive management and context-based decision-making, allowing the continuity of the emergency response while adhering to ESSF. In alignment with the Emergency Response Framework (ERF),[155] the environmental and social risk assessment should be completed within 60 days from the emergency grading. This ensures that the environmental footprint is more clearly defined,[156] based on how emergency operations expand. The environmental and social risk assessment should be integrated within the emergency response plans. To seek to ensure that the health component of the operational response plan adheres to ESSF technical standards in case of acute emergencies, the incident manager of the in-country team responsible for managing and implementing the WHO response to the emergency will use the checklists of the WHO's ESSF. For protracted emergencies it will be the head of the WHO country office.

The information generated through the use of the ESSF checklists will help determine the environmental and social risks, as well as the nature and scale of the response actions. The incident manager of acute emergencies and the head of the WHO country office should update the emergency risk register and the country office readiness checklist in accordance with the outcomes of the environmental and social risk assessment.[157]

The implementation of the ESSF should be included in after-action reviews (AARs) and intra-action reviews (IARs) of recent or ongoing responses with a two-scope objective. First, determine ESSF capability gaps and required actions to address readiness needs of WHO country offices and implementing partners. Second, generate lessons learned relevant to building knowledge management in the area of ESSF, including feasibility of best practices in fragile and vulnerable settings. The AAR/IAR outcomes should inform the revision and update of the ESSF available at the WHO country office level.[158]

2.2 Governance of the ESRMP

2.2.1 ESSF governance structure

An independent committee will provide oversight on the implementation of the ESSF. The committee will be comprised of representatives from WHO headquarters, regional offices and country offices and may include independent experts selected by WHO, including technical experts and specialists on environment, climate change, gender equality, human rights and equity issues. The committee will provide guidance on the strategic direction of the implementation, monitoring and reporting on the delivery of the ESS framework. The WHO Offices of Compliance, Risk Management and Ethics and of Internal Oversight Services (IOS) will review the internal control related to environmental and social risks and advise the committee on its effectiveness. WESST will advise and provide technical support on the implementation of the ESSF in coordination with the PMs and implementing partners/contractors.

2.2.2 Responsibilities in implementing the ESRMP at the three WHO levels

The WHO responsibilities and roles at country, regional and global levels are defined in relation to the implementation of the ESRMP at the various project stages: identification, preparation, appraisal, approval, implementation and completion.[159] By reflecting on monitoring, evaluation, accountability and learning (MEAL) activities at each project stage, the Organization can improve project management and achieve its desired outcomes including the integration of environmental and social safeguards across different project stages.[160]

Project manager, country office:
Based on the project or programme preparation document, often in the shape of a concept note, the country office programme/project manager (CO-PM) will prepare and appraise the planned country project or programme, in consultation with WESST.

The project proposal will be screened against the ESSF to determine potential risks and to develop the

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155 ERF 2.1 (reference sources: pages 39, 58, 59) See: https://www.who.int/publications/i/item/9789240058064

156 e-Manual, XVII.4.4.1. WHE Emergency Response Reviews (EAR, IAR, AAR & JoR) and Knowledge Management System. See: https://www.who.int/publications/i/item/WHO-WPE-HSP-CER-2023.1

157 WHO country office readiness checklist (core capability on external relations/resource mobilization.

158 World Bank, Strategy for Fragility, Conflict, and Violence, 2020–2025 (reference: page 42-43) https://documents1.worldbank.org/curated/en/844591582815510521/pdf/World-Bank-Group-Strategy-for-Fragility-Conflict-and-Violence-2020-2025.pdf

159 https://projects.worldbank.org/en/projects-operations/products-and-services/brief/projectcycle

160 https://policy-practice.oxfam.org/resources/a-quick-guide-to-monitoring-evaluation-accountability-and-learning-in-fragile-c-297134/

environmental and social risk management plan). The latter can include the need for an additional environmental and social evaluation in case the project activities present high risks. The CO-PM will also prepare the monitoring and reporting plans. The plan will be included in the documentation for project proposal and approval process.

Project manager, regional office:

The regional office project/programme manager (RO-PM) will coordinate with the concerned CO-PMs to facilitate the preparation of ESSF adherence plans of regional projects and programmes. To develop these plans, the RO-PM will proceed in a similar manner as described above for the CO-PM and support the integration of ESRMP and its lessons across the project, in coordination with WESST.

Project manager, head office:

The head office project/programme manager (HO-PM) in charge of global projects or programmes will appraise the initiatives in a similar manner as described for the CO-PM and the RO-PM and in consultation with the WESST. The HO-PM coordinates, when relevant, with the relevant regional and country offices.

WHO's Environment and Social SafeguardsTeam:

The WESST will provide overall technical support to implement the ESSF. It will support the PMs with the risk identification and the appraisal of environmental and social adherence of projects or programmes. As well, it will review documentation for the project proposal and approval process. To the extent required under the terms of donor agreements, the WESST shares the relevant documentation with the donors. The WESST provides the toolkits and capacity-building to relevant staff on the ESSF, notably to promote stakeholder engagement generally and in risk mitigation processes in particular. The WESST oversees the implementation of the approved ESRMP in coordination with the PMs and provides support with monitoring and reporting.

2.2.3 WHO's environmental and social accountability mechanism

The ESSF aligns with WHO's overall accountability framework approach and aims to inform stakeholders and beneficiaries of the project activities that WHO is proposing. It also facilitates the resolution of any concerns regarding alleged or potential violations of the ESS established by WHO.

2.2.3.1 Information disclosing environmental and social risks

Consistent with WHO's Information Disclosure Policy,[161] and in accordance with international best practices with regard to transparency, WHO discloses relevant information about its programmes and projects in a timely manner to all interested parties in an easily understandable format and language. In line with the requirements of the ESSF, the disclosure information will be limited to all high-risk category projects. Disclosure information will be established in a manner that is culturally appropriate and free from manipulation, interference, coercion, prejudice and intimidation; this is intended to promote independence, transparency and effectiveness of the mechanism. It will also promote that WHO operations maintain and make public a documented record of stakeholder engagement that includes a list of the parties consulted, an overview of the feedback obtained, and a brief justification of how the feedback was taken into account–or not–as part of the environmental and social assessment.

To promote adherence to ESS within its activities, including those implemented by partners or contractors and funded by WHO, the Organization will:

- ensure that stakeholders have access to accurate, timely, relevant information through every phase of the project or programme;
- make the project's ESIA easily accessible to stakeholders in a format and language they can comprehend;
- provide a mechanism pursuant to which anyone who is affected by a WHO activity may file a complaint, whether they are an individual, a group, or a representative of an individual or group;
- allow complaints to be received in person, dropped in complaint boxes or by physical mail/courier, email and telephone as feasible and appropriate to the stakeholder (anonymous complaints will not be accepted);
- explain the existence of and how to access the grievance and stakeholder accountability mechanism;
- promote an open, fair, efficient complaint process;
- provide a stakeholder grievance mechanism that allows any current or potential adverse impacts linked to ESS that might have been derived

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161 https://www.who.int/docs/default-source/documents/about-us/infodisclosurepolicy.pdf?sfvrsn=c1520275_10

directly or indirectly from WHO activities to be included; and

- provide complainants with ongoing updates on the progress of their complaints.

2.2.3.2 Stakeholder engagement

Within the context of ESSF, a stakeholder is any individual, group or community living within the sphere of influence of a particular project and who may be affected or likely to be affected by management decisions or actions of the project, and any individual, group or community likely to influence the management of the project. Drivers of stakeholder engagement include principles such as trust, accessibility, contextualization, equity, non-discrimination, transparency and autonomy. Enabling factors for successful stakeholder engagement include governance, leadership, decision-making, communication, collaboration and partnership and resources.

For WHO, stakeholder engagement is an inclusive process conducted throughout the lifecycle of a project.[162] In this sense, stakeholder engagement is an integral part of the design and assessment, implementation, management, reporting and monitoring phases of the project/programme.

Properly designed and implemented, stakeholder engagement supports the development of relationships in trusted, constructive and sustainable ways. This is key for the successful management of the project and of any environmental and social risks linked to its activities.

Undertaking a process of meaningful stakeholder consultation is crucial because it provides stakeholders with opportunities to express their views on environmental and social risks and impacts throughout the lifecycle of a project and allows feedback in the identification of risk mitigation measures.

Effective stakeholder engagement can also improve the environmental and social sustainability, enhance acceptance, and make a significant contribution from start to end of a project or programme, improving design, implementation and outcomes of the operation. Of equal importance for a robust stakeholder engagement process is the availability and access to effective mechanisms that allow any stakeholder to formulate a complaint, which is addressed and resolved. This is further detailed in section 2.2.3.3.

To promote stakeholder engagement, a number of factors need to be considered.

1) All identified stakeholder groups – including affected groups, communities in situations of vulnerability and/or facing discrimination, women and girls in all their diversity and/or other groups that are historically discriminated, marginalized or disadvantaged, Indigenous Peoples, civil society representatives, and local communities – should be consulted. These consultation should be held in a culturally appropriate, gender-responsive manner, ensuring that all stakeholders are provided opportunities to participate as early as possible in the preparation process and continuously throughout the project lifecycle, ensuring that their views are taken into account.

2) Consultations should promote that subpopulations living in rural and remote areas, or conflict areas/areas with high levels of insecurity, also have equitable and safe opportunities for engagement.

3) Stakeholders should receive timely, relevant, understandable and accessible information in a form and language understandable to them.

4) Proposed project activities, indicating the potential adverse impacts of the activities, and mitigation plans, which address environmental and social risks linked to the project, should be provided to stakeholders.

5) Stakeholders should be informed of the Environmental and Social Grievance Review Mechanism that enables any person or community to report concerns regarding an alleged or potential grievance, at any stage of the project or programme.

6) Any person, group or representative of a person or group who is potentially directly affected by a WHO programme should be made aware that they can file a complaint through available complaint channels.

7) Inform the stakeholders that the Stakeholder Grievance Review mechanism is transparent, culturally appropriate and accessible to all stakeholders.

2.2.3.3 Environmental and social grievance review mechanism

ESSF aligns with WHO's overall grievance management approach. The Grievance Review Mechanism enables any person or community to report concerns regarding

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162 https://www.who.int/publications/i/item/9789240010529

alleged or potential violations of WHO's social and environmental standards at any stage of the project or programme. Any individual, group or other interested party may lodge a complaint using available channels or other channels developed locally for the project or programme, notably in settings in which access or mobile or Internet connectivity is limited. The grievance is managed according to the principles set out under the ESSF and supported by the WHO Office of IOS, as shown in its Charter.[163]

The grievance review mechanism provides a path to resolve issues and disagreements. It is intended to facilitate dialogue among all stakeholders who are impacted by a project. A grievance may be addressed in one of two ways:

a) **Preliminary resolution:** The concern or disagreement linked to the ESSF should be initially assessed and ideally resolved in an amicable manner under the overall responsibility of the programme manager, as appropriate. The complaint is initially considered with inputs from the PM and WESST with a view to resolving the concerns in a timely and efficient manner. The programme manager will develop preliminary mechanisms and standard operation procedures to facilitate the reporting, review and assessment of the complaints.

b) **Formal complaints process:** At any stage, a stakeholder (the complainant) may decide to escalate the complaint confidentially to the IOS via an email (investigation@who.int) or through WHO's Integrity Hotline.[164] IOS will follow WHO Intake protocols to conduct a preliminary assessment of the complaint and, depending on the nature of the issue, may involve other internal and/or external experts to explore options to further consider and address the complaint, ensuring the confidentiality of the process. IOS will carry out its work in accordance with its mandate as set out in its Charter and the rules and procedures governing investigations by IOS.

In this context, if the initial assessment and consultations by IOS suggests that a dialogue and informal negotiation process between the complainant/requestor and other stakeholders, through the stakeholder grievance response mechanism (SGRM) is an appropriate option, the WHO technical lead will seek consent from the key stakeholders, including the complainants/requestors, affected individuals, project sponsors, the host government and WHO. The process will be tailored to the specific circumstances, taking into account the needs of the complainants/requestors and other stakeholders. The SGRM will continue to operate until such time as an agreement in principle is reached on the way forward or the parties decide against continuing.

Where IOS determines that informal mechanisms are not appropriate in a particular case, IOS will share the complaint/grievance with the corresponding technical unit/WESST and an ad-hoc Environmental and Social Compliance Committee (ESCC), which is to be established for that purpose. The ESCC will be composed of WHO staff members (from WHO headquarters and regional and/or country offices) and one or more independent experts, who will be selected by WHO and who are independent from the relevant project or programme. The ESCC will work with the corresponding technical unit/WESST to consider and advise on the grievance in a neutral and transparent manner.

Potentially affected stakeholders will be informed about the mechanisms or procedures taken to address their grievance.

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163   https://www.who.int/publications/m/item/ios-charter
164   Integrity hotline (who.int)

Annex 1: The Doughnut of social and planetary boundaries

Two globally accepted and interlinked environmental and social concepts offer a means of support for decision-makers to increase the likelihood that social development will proceed in a sustainable manner. The ESSF designed by WHO aligns well with both concepts, underlining the need for benchmarks.

- The planetary boundaries concept presents a set of nine planetary boundaries within which humanity can continue to develop and thrive for generations to come by maintaining the resilience of the Earth's systems, and not transgressing the nine "planetary life support systems". Crossing these boundaries increases the risk of generating large-scale abrupt or irreversible environmental changes. In 2023, six boundaries were already crossed.[165]

- The **concept of "Doughnut economics"** combines the framework of planetary boundaries with the complementary concept of social boundaries.[166]


Box 1. The concept of "Doughnut economics"

The centre white hole of the model depicts the proportion of people who lack minimum requirements for leading a good life as per the SDGs.

The inside ring, called the "Social Foundation", represents the basic elements of a just life, which are listed in the inner halo.

The outer ring, which is the "Ecological Ceiling", indicates the maximum level at which humanity can safely and sustainably use the planet's resources.

The outer halo depicts the nine planetary boundaries that should not be transgressed.

The Doughnut of social and planetary boundaries.
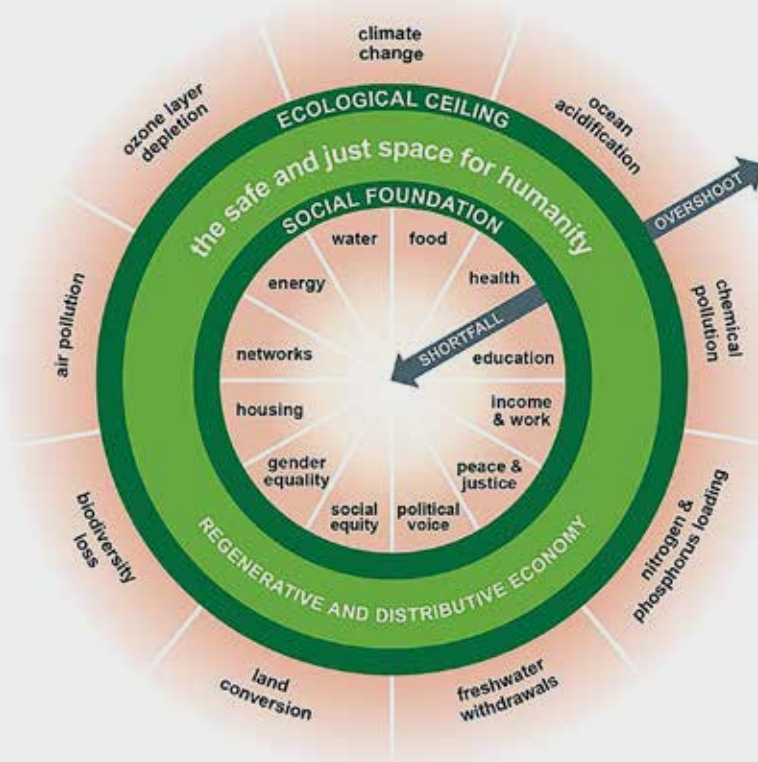
Source: Kate Raworth and Christian Guthier. CC-BY-SA 4.0
Raworth, K. (2017), Doughnut Economics: seven ways to think like a 21st century economist. London: Penguin Random House
https://www.oxfam.org/en/research/safe-and-just-space-humanity;
https://doughnuteconomics.org/principles-and-guidelines#license

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165 https://www.stockholmresilience.org/research/planetary-boundaries.html
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