

WHO management response to preventing and responding to sexual exploitation, abuse and harassment

Report 2021-2022



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This report is dedicated to all the victims and survivors of sexual exploitation, abuse and harassment in the 10th Ebola outbreak response in the Democratic Republic of Congo, whose suffering and courage serves as reminder to all agencies to push relentlessly for zero tolerance for any form of sexual misconduct; with gratitude to the Independent Commission, whose work and recommendations triggered and shaped WHO's journey to create institutional change for the meaningful prevention of and response to SEAH.

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The activities included in the WHO Management Response to the Report of the Independent Commission to investigate allegations of sexual abuse and exploitation during the response to the 10th Ebola Virus Disease epidemic in the provinces of North Kivu and Ituri, the Democratic Republic of the Congo, of 28 September 2021, were funded through the core budget of the World Health Organization and supplemented by voluntary contribution made by the United States of America and the Government of Norway.

Abbreviations

DRJ	Dynamique des Femmes Juristes
IASC	Inter-Agency Standing Committee
IC	Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of the Congo during the Response to the Tenth Ebola Outbreak
IEOAC	Independent Expert Oversight Advisory Committee
IOAC	Independent Oversight and Advisory Committee
PAAC	Preventing and addressing abusive conduct
PRSEAH	prevention and response to sexual exploitation, abuse and harassment
UN	United Nations
UNFPA	United Nations Population Fund

1 Introduction

Deeply concerned about the media allegations of sexual exploitation and abuse during the 10th Ebola outbreak in the Democratic Republic of the Congo **(1)**, the Director-General of the World Health Organization (WHO) appointed an independent commission to establish the facts and provide guidance on how to appropriately address the allegations. With the aim of ensuring external scrutiny and transparency, the Director-General consulted civil society organizations, who nominated a list of possible candidates: prominent human rights activists and experts were then selected to form the Independent Commission (IC) **(2)**. The IC in turn selected and supervised a team of independent investigators and investigation experts to conduct the fact findings **(3)**. WHO provided logistic support and resources, but did not participate in or influence the work of the IC in any way.

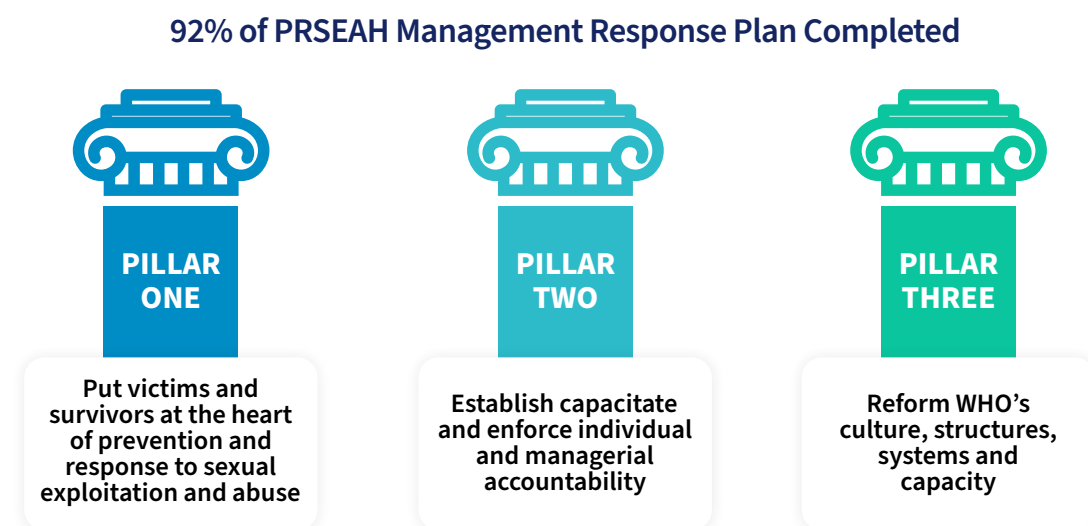
The report of the IC **(4)**, released publicly on 28 September 2021, documented the harrowing testimonies and experiences of victims and survivors. The report identified 92 cases of sexual exploitation and abuse, 23 of which were associated with WHO, and outlined a number of recommendations to address the allegations and for taking broader steps to strengthen the prevention and response to sexual exploitation, abuse and harassment (PRSEAH).

WHO developed its Management Response Plan **(5)** – which marked the launch of the Organization’s work on PRSEAH – in acknowledgment of the recommendations of the IC. The IC report thus formed the basis and inspiration for the Organization’s intensification of its work to ensure zero tolerance both of sexual exploitation, abuse and harassment and of inaction against it. The case files included in the annexes of the IC report **(4)** were transferred to the UN Office of Internal Oversight Services to complete the investigations, while the WHO Secretariat, with regular guidance from its Member States, began to implement the ambitious Management Response Plan.

As is shown in Fig. 1, the Management Response Plan has provided a unified framework on PRSEAH for the whole Organization, aimed at:

1. shifting the Organization to a victim- and survivor- centred approach
2. capacitating and ensuring accountability of personnel across the Organization, and
3. reforming WHO's system, structures and culture.

Fig. 1 Pillars of the Management Response Plan completed



In collaboration with personnel and leaders across WHO, an implementation plan was developed (6) that incorporated best practice from across the UN and humanitarian systems as well as inputs from WHO Member States. The implementation plan was treated as a living document, which incorporated new recommendations emerging from Governing Bodies, external audits and evaluations. It was updated and monitored regularly and made available on WHO's public website.

The last version of the implementation plan was published on 29 January 2023 (6). In January 2023, the implementation plan of the Management Response Plan was closed and the Organizations' work on PRSEAH transitioned into a new phase: institutionalization of the progress made through implementation of the WHO's three-year strategy 2023-2025 for preventing and responding to sexual misconduct (7).

This report provides a summary of the main achievements of the implementation plan and thus comprises a progress report on the Organization's continuing work on preventing and responding to sexual exploitation, abuse and harassment.

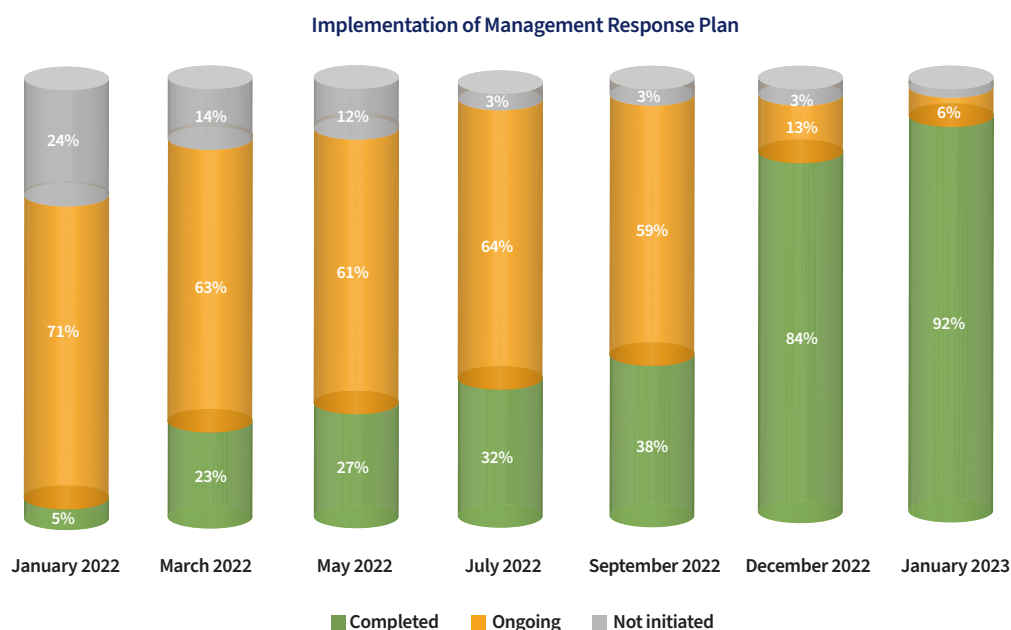
2 Implementation of the management response

The Management Response Plan provided a unifying framework for PRSEAH in WHO from November 2021 to December 2022. The plan was ambitious, complex and formed the first part of a longer journey towards fully realizing WHO's ambition for zero tolerance for any and all forms of sexual misconduct, including but not limited to sexual exploitation, abuse and harassment.

Implementation of the plan was monitored initially by the Independent Oversight and Advisory Committee (IOAC) and later by the Independent Expert Oversight Advisory Committee (IEOAC), both of which report directly to WHO's Executive Board. In addition, Member States were briefed by the Director-General and the Secretariat on progress and challenges seven times in 2022, in four quarterly all-Member States briefings on PRSEAH and reported out to the Executive Board and the World Health Assembly.

By January 2023, 92% of the 150 actions in the implementation plan on the Management Response Plan had been fully implemented. The remaining 8% were transitioned into the three-year strategy 2023-2025. A full, activity-by-activity account of all the items in the implementation plan of the Management Response Plan is made available on the WHO website (6); a high-level summary is provided in the sections below.

Fig. 2 Monthly progress on implementation of actions in the Management Response Plan



3 Shifting to a victim- and survivor-centred approach

Following the IC report, WHO launched efforts to shift the whole Organization to a victim- and survivor-centred approach. Basing its work on the United Nations (UN) Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (8), WHO sought to provide a fast and effective mechanism and resources to support anyone who identified themselves as a victim or survivor of sexual exploitation, abuse and harassment perpetrated by members of the WHO workforce. On the same day the IC report was launched, the Director-General established the WHO Survivor Assistance Fund (8) (SAF) to provide direct resources for holistic support to victims and survivors. WHO was the only UN agency to do so.

An inter-agency mission, co-led by WHO to affected regions of the Democratic Republic of Congo, resulted in a memorandum of understanding between WHO and the UN Population Fund (UNFPA) to provide holistic support – medical, psychosocial, legal, socio-economic rehabilitation and support for children who are alleged to have been born as a result of sexual exploitation and abuse – funded by the Survivor Assistance Fund. Additional funding was provided to a women-led legal aid nongovernmental organization, Dynamique des Femmes Juristes (DFJ), and to HealAfrica, so that a set of services could be accessed by all victims and survivors related to the 10th Ebola outbreak, even if the alleged perpetrators belonged to other agencies.

The total amount of funds transferred from WHO to UNFPA amounted to US\$ 210 708 and the duration of the Memorandum of Understanding was initially set for January 2022 to October 2022. A no-cost extension was approved until 31 December 2022, as the security situation in the project's geographical area of focus was preventing the follow up of the activities. The agreement between WHO and UNFPA is to apply in-country the standards and costs for services to victims and survivors that are set by the gender-based violence sub-cluster.

Presented below is a summary of the services provided to the victims and survivors identified by the IC, as well as some others who came forward subsequently, covered by an allocation from the Survivor Assistance Fund of approximately US\$ 350 000.

- As of February 2023, a total of 115 victims/survivors of sexual exploitation and abuse had been reached; 11 declined to receive holistic care. UNFPA's support to 104 victims included five components – cash and training for income generation, medical support, therapy sessions, kits with essential items and legal support.
 - 104 victims were provided with US\$ 250 cash to support an income-generating activity
 - 104 victims received 162 medical support sessions, with some victims receiving multiple consultations, and 30 sessions being received by children.
 - 104 victims were provided with therapy sessions – with at least three sessions per person, making a total of 690.
 - 100 victims received dignity kits.
 - 13 victims were referred to DFJ – a national organization providing legal services, also funded via the Survivor Assistance Fund by WHO for the total amount of US\$ 87 755, where they received information on their rights and legal counselling. This contract is still active until 28 April 2023. Transport costs to counselling, medical support and other sessions were covered.

In addition, the Survivor Assistance Fund of WHO has been used to provide funds to HealAfrica for a total amount of US\$ 50 000 to contribute to the prevention and access to services of victims of gender-based violence/sexual exploitation and abuse.



WHO team visiting the Nyaragongo informal IDPs settlement. Goma, Democratic Republic of the Congo, November 2021, © WHO

As part of the victim-/survivor-centred approach shift at WHO, a memorandum of understanding of US\$ 87 755 was signed with DFJ (a not-for-profit organization in the Democratic Republic of Congo) to provide free legal assistance to all the victims/survivors identified by the Independent Commission, regardless of affiliation. Some cases are currently being processed in tribunals in Beni, Bunia, Mangina; the affiliation of the alleged perpetrator is not known. At the time of writing this report, 13 survivors are pursuing legal action through this mechanism. WHO has also kept the IC hotline number active to encourage further reporting.

Partners on the ground cited several challenges that have hindered the provision of support, including insecurity and conflict in affected areas, the difficulties in identifying survivors due to a lack of complete or incorrect information, and the need to ensure that survivors are not further endangered or stigmatized in the process. Smaller allocations from the WHO Survivors Assistance Fund have been made to provide urgent care, travel and other costs related to victim and survivor support in several other countries, mainly in the African Region.

A recent review (8) has confirmed the lack of shared understanding of a victim- and survivor-centred approach across the UN and humanitarian systems and highlighted the need to significantly revise community-based complaint mechanisms. In many of the countries where WHO is operational, gender-based violence services are weak and need strengthening. Frontline health workers need capacity to deal effectively and sensitively with survivors. The Secretariat is proactively taking this work forward with partner agencies and the Inter-Agency Standing Committee's Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment (9), by contributing both financially and in-kind to the review of the Community-based Complaints Mechanisms under the coordination of the International Organization for Migration and in collaboration with other Inter-Agency Standing Committee (IASC) members.



Dr Gaya Gamehwage and IASC representatives visit the informal IDPs settlement where communities fled following the Nyiragongo eruption. Informal women associations are sensitized on the ethical standards to which responders need to abide by and on how to submit grievances in case of inappropriate behaviour. Democratic Republic of the Congo, November 2021, © WHO

A WHO working group on a victim- and survivor-centred approach defined guiding principles and made further recommendations for integrating the approach into the Organization's policies, procedures and practice. Recommendations and guiding principles have been embedded into the Three-Years Strategy and now form the core of the victim and survivor-centred approach shift within WHO.

To help shift the paradigm of victim-blaming, the WHO department for Prevention of and Response to Sexual Misconduct organized an exhibition in collaboration with the UN Victims' Rights Advocate, Ms Jane Connors, and the nongovernmental organization RISE with the title "What were you wearing?"⁽¹⁰⁾. This experience allowed WHO to further broaden the victim- and survivor-centred approach. Some of the key achievements in 2022 included:

- ✓ the availability of the SAF to victims and survivors of sexual exploitation and abuse in other locations.
- ✓ the expansion of victim and survivor services for members of WHO's own workforce who experience sexual harassment, including the provision of free, external, independent counselling services in more than 70 languages in 140 locations around the world.
- ✓ the development of a broader framework for elaborating and implementing a victim- and survivor-centred approach, that includes the above for sexual exploitation and abuse, and extends the same principles to survivors of sexual harassment (sexual misconduct against the Secretariat's workforce). The framework encompasses the whole safeguarding cycle, which includes identifying risks, taking preventive measures, ensuring safe and accessible reporting, responding effectively with investigation and services, and strengthening institutional learning.
- ✓ development of a victim and survivor-centred policy on preventing and addressing sexual misconduct ⁽¹¹⁾, which replaces the previous sexual exploitation and abuse policy and other related policies.
- ✓ establishment of a dedicated investigations team with investigators who are trained in trauma-informed approaches.
- ✓ Engagement with civil society organizations to hear back from victims and survivors (for example, a field research project with Clear Global ⁽¹²⁾ on community perceptions and needs related to sexual exploitation and abuse in Democratic Republic of Congo; and a global town hall held by the Director-General with civil society organizations ⁽¹³⁾ in relations with WHO, and several webinars with Women in Global Health involving their field network members.

In addition, WHO has scoped a victim and survivor support function to better coordinate services for anyone who alleges sexual misconduct and aims to establish this function in 2023.

4 Strengthening capacity and ensuring accountability

During 2022, WHO substantially scaled up training and engagement of the workforce for PRSEAH. By January 2023, more than 90% of staff globally had completed two mandatory UN courses – one specific to preventing and responding to sexual exploitation and abuse and the other focusing on abusive conduct and sexual harassment, and 90% of managers have completed a special module on their responsibilities. WHO also launched a learning programme for almost 350 sexual misconduct focal points that are currently serving at country level.

The engagement of WHO personnel for PRSEAH intensified throughout 2022 as part of a #NoExcuse engagement campaign to ensure that each person working for and with WHO knows what the zero-tolerance goals are, knows and acts on their responsibility to report any suspicions, and is aware of the enhanced responsibilities of supervisors and managers. The six “#NoExcuse” webinars rolled out in 2022 and linked initiatives have engaged around 30 000 live participants, and many others following the recorded sessions.



Dr Mekim Ayana, the Officer in Charge, presented a PRSEAH session during the town hall meeting at the presence of UN Resident Coordinator Mr. George Wachira, Heads of UN agencies, staff federation representatives as well as UN staff from the different agencies. The purpose of the meeting was to present the Resident Coordinator's end of year message and further give an opportunity for agencies and staff to reflect on activities carried out during the course of the year. #NoExcuse. Eswatini, December 2022, © WHO

Since late 2021, WHO vacancy notices and procurement contracts specify WHO's position and conditions regarding PRSEAH.

The #NoExcuse campaign was observed by all WHO personnel during WHO's Goals Week (28 February–4 March 2022), when staff members and supervisors discussed performance goals and objectives for the year, including those related to PRSEAH. The week started with a letter from the Director-General and all six Regional Directors to each member of the WHO workforce, outlining their expectations related to zero tolerance for sexual exploitation, abuse and harassment and for inaction against it.

For the electronic performance management and development system in 2022, all supervisors were required to hold at least one team meeting to discuss PRSEAH and, with their teams, to select a team goal to be achieved. Staff members were offered a series of learning, capacity-development and engagement activities throughout 2022, and all staff members were required to re-affirm their commitment to relevant policies before being able to submit their forms. At the end of the year, supervisors are required to attest that everyone under their supervision has completed all mandatory training. In 2023, all managers are required to clearly specify what concrete actions they will undertake to promote the prevention of sexual misconduct with their team members as part of the mandatory smart objectives, while personnel with non-managerial responsibilities can choose to deepen their knowledge in the topic through the Learning and Development Plan.

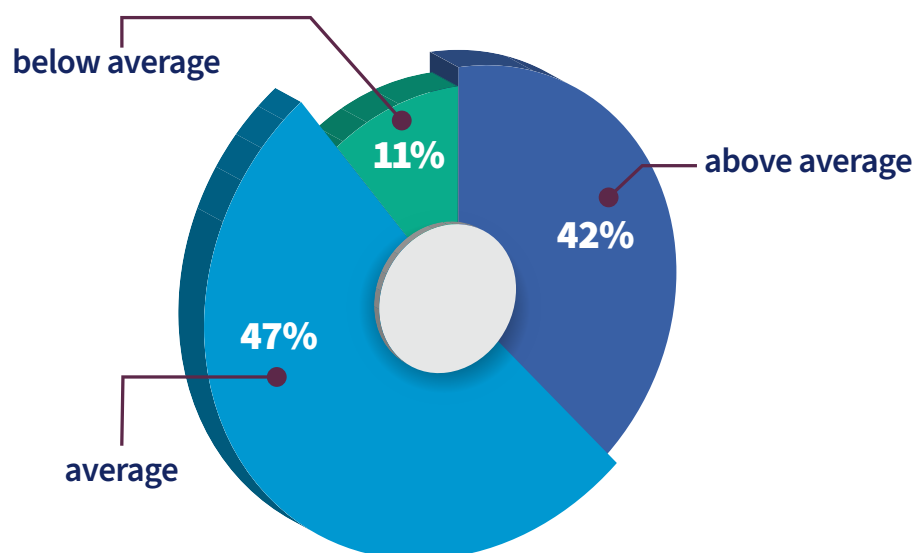
To foster skills for speaking up and counteract the tendency for silent by-standing, in October 2022 the Secretariat, together with the seven WHO staff associations, launched a series of seven multilingual webinars with a reputed service provider on skills for a speak-up culture, reaching over 1900 participants.

Accountabilities and key performance indicators on PRSEAH have been codified in the latest version of WHO's Emergency Response Framework, and have been further expanded to create an Organization-wide accountability framework for PRSEAH (14). The framework being developed clarifies the responsibilities of all personnel and the accountabilities of managers and leaders.

By the end of 2022, an accountability framework relating to PRSEAH had been developed and this is currently being socialized across the Organization. This framework clarifies the accountabilities for PRSEAH of the Director-General, the Regional Directors, heads of WHO country offices, managers, directors of accountability functions and all staff and collaborators. New PRSEAH requirements are being communicated and being integrated into all WHO procurement contracts, and agreements with external entities including implementing partners, WHO collaborating centres, organizations in official relations with WHO and others.

Fig. 3 Survey scores on knowledge and attitudes on PRSEAH

WHO benchmarked against other UN entities



These measures are already producing results, as demonstrated in data from the 2022 UN-wide annual survey on sexual exploitation abuse and harassment, conducted by the Office of the UN Secretary-General's special coordinator for sexual exploitation and abuse (OSCSEA). In 2022, there was a significant rise in the participation of WHO personnel, with 2543 WHO personnel in 128 (country) duty stations taking the UN-wide survey on sexual exploitation and abuse, compared with only 549 respondents in 2021 and 185 in 2020, indicating a significantly increased level of engagement in the topic. As shown in Fig. 3, in the survey on knowledge and attitude questions on PRSEAH, WHO respondents scored average or above average in 89% of questions, scoring below the UN average in only 11% of the questions.

5 Reforming WHO's systems, structures and culture

WHO's institutional capacity has been significantly strengthened during 2022. The Director-General allocated a budget and guaranteed core funds of US\$ 50 million for work on PRSEAH at headquarters, regional and country offices for 2022-2023 – the largest such investment in the UN system. From 2024, PRSEAH work will be integrated into the programme budget cycle. Approximately US\$ 30 million has been designated for PRSEAH work directly, with 46% of the funds allocated to country offices, 18% to regional offices, 13% to headquarters and 23% to cross-organizational activities at all levels, including the Survivors Assistance Fund. Approximately US\$ 10 million was allocated to creating strong institutional capacity for investigational services into sexual exploitation, sexual abuse and sexual harassment and other forms of abusive conduct, and a further US\$ 10 million for reforming, streamlining and strengthening related accountability functions across the Organization.

Guidance has been drafted outlining ten core activities for PRSEAH at country level. The headquarters global team is supporting regional offices to include these funds and related budgeting in public health and health emergency programmes and initiatives.

Following a policy review, and drawing on policies of UN and humanitarian organizations, a new comprehensive policy framework was developed, prioritizing a victim- and survivor-centred approach and aiming to attain and sustain zero tolerance for any form of sexual misconduct.

As shown in Fig. 4, the new policy framework includes elements such as:

- ✓ a WHO policy on preventing and addressing sexual misconduct (the collective term used at WHO to refer to sexual exploitation, abuse and harassment) bringing it under a single framework, as the drivers and principles and mechanisms for action of prevention and response are the same or very similar
- ✓ amendments to WHO's Preventing and addressing abusive conduct (PAAC) policy (15) and procedures to address overlap and inconsistencies with the new policy on preventing and addressing sexual misconduct
- ✓ a new policy on preventing and addressing retaliation (covering any form of retaliation, beyond sexual misconduct)
- ✓ the Secretariat is drafting a new code of ethics and a new investigation policy with accompanying implementation guidance and tools for all planned policies in this framework.

These policies and supporting material will be made available on an interactive electronic/web-platform to ensure a user-friendly approach for the whole WHO workforce and external stakeholders.

Fig. 4 Policy Framework

Policy Framework

- Preventing & Addressing Sexual Misconduct Policy (PASM)
- Alignment of PAAC policy, full PAAC review by Q1 2023 (HRT)
- Preventing and Addressing Retaliation (PAR) Policy
- Revised Code of Ethics

+ *End-to-end Incident Management*



End-to-end procedures for management of sexual misconduct incidents have been developed and are being tested. The aim is to ensure that gaps, delays, inefficiencies and lack of transparency are proactively addressed, so that all the workforce and mandated officials along the process are enabled to play their role effectively, and that victims and survivors are treated fairly and respectfully while accessing the services they require. Standard operating procedures and related tools will be further developed.

In 2022, the Secretariat reformed and expanded its capacity to investigate allegations of sexual misconduct. By decision of the Executive Board (16), a new Head of Investigations was empowered to fast-track investigations into sexual exploitation, abuse and harassment and now has a team of 18 qualified investigators who use trauma-informed approaches. The team cleared the backlog of cases by May 2022 and have set and are meeting a 120-day benchmark for completing investigations into allegations. The same team also handles abusive conduct investigations and is working towards clearing the backlog of these cases. The lessons learned during this interim arrangement and international standards are being fed into the restructuring of the Office of Internal Oversight to ensure it becomes fit-for-purpose. In order to further increase efficiency and reduce delays, the WHO integrity hotline has been streamlined and moved from the Office of Compliance, Risk Management and Ethics to the misconduct investigation team in the Office of Internal Oversight. Once investigations are complete, there is a set process to notify all parties and to decide on disciplinary action. Since October 2022, three staff have been dismissed for sexual harassment, and one consultant's contract was terminated for sexual exploitation and abuse.

The steep rise in numbers of sexual misconduct reports throughout the year is believed to be due to increased awareness, concerted capacity-building, improved efficiencies in the investigation function and transparency measures such as the dashboard on investigations into sexual misconduct, all helping to increase trust in the system. In 2022, 79 cases of sexual exploitation, abuse and harassment were received and 22 substantiated. Disciplinary action is being taken following the completion of due process. All this information is made available transparently on the WHO PRSEAH webpage (14), which also hosts a dashboard (17) of allegations of sexual misconduct and other abusive conduct and information about disciplinary action taken in these areas (18).

The WHO Secretariat is implementing a new structure for the Office of Internal Oversight by May 2023 and will follow-up with adjustments to roles and structures of other accountability departments. All these actions will help to implement the end-to-end incident management system for allegations and introduce a victim- and survivor-centred approach to all work on preventing and responding to sexual misconduct by WHO personnel. Implementation of the audit recommendations was integrated into the Management Response Plan and monitored by the Independent Expert Oversight Advisory Committee. Some longer-term recommendations, for example for culture change, are integrated into WHO's three-year strategy 2023-2025 for preventing and responding to sexual misconduct.

WHO has established and funded a dedicated department of Prevention of and Response to Sexual Misconduct, led by a full time director – the only UN agency to do so – and has recruited four staff members. Senior regional coordinators have been recruited for the WHO regional offices for the Americas, Africa, South-East Asia and the Western Pacific, with those for the remaining two regional offices in the process of being recruited. Full-time experts have been recruited in six countries in the WHO African Region and 10 more are being recruited in other priority countries. All heads of WHO country offices are now required to assign and empower at least one part-time PRSEAH focal point in their respective offices: consequently, by January 2023, WHO had a network of more than 350 PRSEAH focal points, who are being supported with capacity-building and training activities. Each focal point is initially required to complete a six-week certified internal course on safeguarding.

A key activity in the Management Response Plan was an independent audit to identify systemic barriers and weaknesses and to specify improvements to policy, process and procedures regarding the Organization's prevention and detection of and response to sexual exploitation, abuse and harassment. The independent audit was conducted by an international professional services network and was overseen by the Independent Expert Oversight Advisory Committee (IEOAC). The audit focused on the effectiveness of processes related to investigations into allegations of sexual exploitation, abuse and harassment and complaints management as well as a review of reported allegations or complaints through the Office of Internal Oversight and Department of Compliance, Risk Management and Ethics.

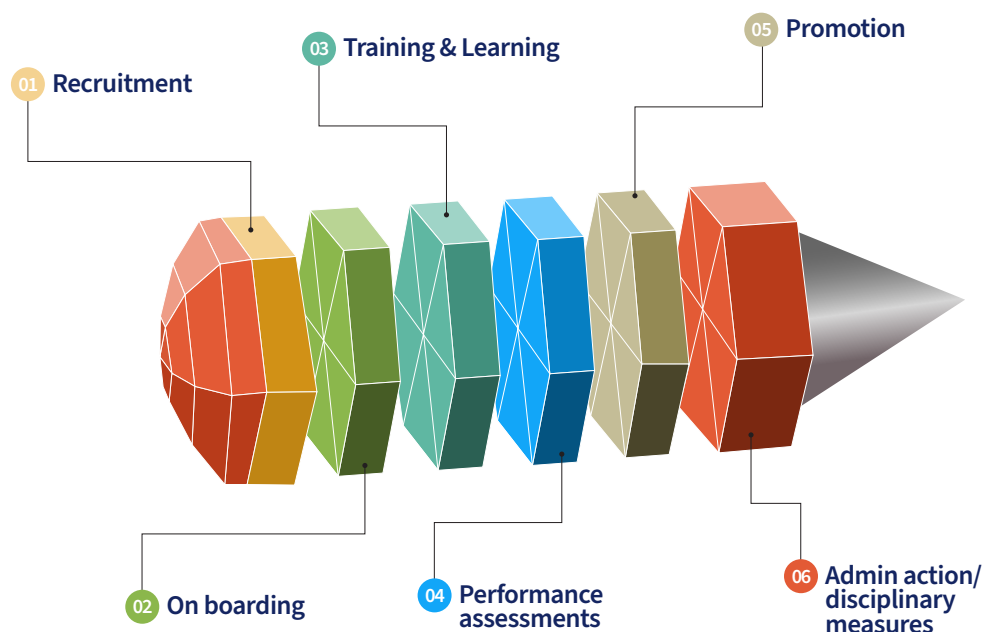
The audit report was released in August 2022 and contains 45 recommendations in the areas of: culture, organizational set up, roles and responsibilities, process guidelines and procedures, accessibility of information and resources, protection against retaliation, systems and support, training, policies guidelines and procedures, and awareness and access to information and resources. The findings and recommendations of the audit report largely align with the findings of the IC and with the WHO's Management Response Plan to the IC report. The audit report also corroborates the previously identified need for a review of the mandates, functions and structures of the Office of Internal Oversight and the Department of Compliance, Risk Management and Ethics, and highlights the need for the greater cultural change and protection against retaliation. The Secretariat is committed to implementing all the recommendations.

The Secretariat has made good progress on integrating sexual exploitation, abuse and harassment into the enterprise risk register and risk management approach. Following a full review of relevant existing risk assessment and management tools in other entities in the UN system, it piloted assessing risk in fifteen countries. The tools assess (i) inherent risks in countries (part A, to be completed by the WHO country office with UN entities and partner agencies) (ii) the risks posed by the WHO country presence (part B, to be completed by the country office), as well as (iii) the additional risks posed by operations entailing direct contact with communities or health emergencies (part C, to be completed by those leading the operations). Parts A and B are part of the mandatory compliance tasks for the head of each WHO country office on an annual basis. Part C is completed as needed and repeated more frequently.

The risk assessment and mitigation exercises are being introduced in 2023 in all WHO country offices, accompanied by training and field support by the global and regional PRSEAH experts and officials. The UN Secretary-General's special coordinator for system-wide action for sexual exploitation and abuse is recommending that WHO train other UN and IASC agencies on the use of the WHO risk assessment tool.

Fig. 5 Safeguarding – employment cycle

Safeguarding - employment Cycle



In late 2021, WHO introduced the use of the ClearCheck database for screening candidates and for uploading the names of perpetrators of sexual exploitation and abuse and sexual harassment. In early 2022, all existing personnel had also been screened through ClearCheck.

Since late 2022, an end-to-end approach is being taken to safeguarding from sexual exploitation, abuse and harassment across the employment process. A check-list of actions – ranging from including PRSEAH in vacancy notices, recruitment, on-boarding, inductions, training, performance management and disciplinary action – was developed and is being rolled out.

The Secretariat has initiated work to design actions for changing organizational culture and behaviour in its workforce in 2021 and 2022. First, an analysis was done of all recent data from WHO's commissioned culture-related work on PRSEAH, diversity, equity and inclusion and UN and WHO surveys and reports. In October 2022, an external service provider (identified through a competitive process) commenced work, using one-on-one interviews with leaders and other stakeholders, focus group discussions with the workforce and an Organization-wide survey using an adapted version of an industry standard tool (diagnostic survey of institutional culture). This work identified interventions, which have been integrated into the three-year strategy.

6 Safeguarding people in high-risk settings

Although sexual misconduct by WHO's personnel and partners can occur in any setting, the risk is significantly increased during health emergencies and in programmes that bring WHO personnel and their partners into direct contact with communities in need of assistance. The two WHO programmes with the largest field presence in vulnerable settings are the WHO Health Emergency Programme and the Polio Eradication Initiative; these are standing members of the Secretariat's global PRSEAH task team, and have augmented their prevention and response capacity during 2022, establishing a special unit and placing a senior staff member in the director's office, respectively. Both are also serving in the PRSEAH Task Team.

The Polio Eradication Initiative has incorporated PRSEAH in the polio outbreak response guideline, screened the database of experts for polio work through ClearCheck, stepped up training for personnel to be deployed, and contributed to strengthening of policy, practice and capacity at global level. It has also made funds available for hiring full-time experts in priority countries.

WHO's Emergency Response Framework has been updated by incorporating PRSEAH in emergency responses so as to facilitate mainstreaming and safe programming in field operations, in order to reduce risks and ensure access to victim- and survivor-centred reporting and response mechanisms when needed. The Framework sets key performance indicators and defines accountabilities of emergency response leaders and heads of WHO country offices for PRSEAH.

Until a minimum package of interventions can be introduced for all graded emergencies, safeguarding against sexual exploitation, abuse and harassment is prioritized in response to grade 2 and 3 emergencies. Key actions in WHO's emergency response operations are set out below.

- a. Safeguarding measures for recruitment and deployment**, such as screening through ClearCheck, requiring all personnel to sign a PRSEAH Code of Conduct (which includes a clause on compliance with applicable WHO policies related to prevention of sexual exploitation, abuse and harassment and abusive conduct) in all contractual modalities for WHO and requiring all members of WHO's workforce (staff members, non-staff personnel and other individuals who work at WHO) to undertake mandatory pre-deployment training on PRSEAH, with regular induction and refresher training courses during the deployment period.
- b. Embedding a PRSEAH specialist in the event-specific Incident Management Response System** from the outset (that is, when an Incident Management System team is being established). The specialist reports directly to the incident manager and works with PRSEAH focal points in WHO country offices.

- c. Conducting risk assessments for sexual misconduct:** a rapid risk assessment at the outset of the response operations, followed by a comprehensive risk and needs assessment later in the response. The comprehensive risk assessment is either WHO-specific or implemented as a joint intervention under the coordination and leadership of the IASC Protection from Sexual Exploitation Abuse Network Coordinator or Task Force Coordinator. Joint rapid-risk and needs assessments for gender-based violence and sexual misconduct have been implemented in Poland and are underway for the responses to both the flood response operations in Pakistan and refugee operations in Ukraine.
- d. Integrating PRSEAH mitigation measures into plans of action,** informed by a risk and capacity needs assessment within the Emergency Response Framework, response strategy, budget, advocacy and resource mobilization plan. PRSEAH mitigation measures are being systematically integrated for grade 2 and grade 3 emergencies. The WHO Health Emergencies Programme has developed generic planning templates and standard operating procedures for integrating PRSEAH needs into funding proposals in order to facilitate planning and resource mobilization at operational level.
- e. Collaborating and working with the Inter-Agency Coordination Mechanisms,** such as the Gender in Emergencies working group and the IASC Technical Advisory Group, contributing to the joint efforts of the sub-working groups, including those on accountability to affected populations, gender-based violence and global and child protection.
- f. Working with others** to increase community-level awareness on sexual exploitation, abuse and harassment, and supporting community-based complaint mechanisms.

The PRSEAH specialists deployed by the Secretariat to ongoing emergencies have, to date, contributed to dissemination of standardized community messages and training, gender-based violence referral pathways, and sexual and reproductive health and gender. In response operations in Ukraine, WHO is supporting the IASC Protection from Sexual Exploitation and Abuse (PSEA) Task Force on the mainstreaming of protection from sexual exploitation and abuse among implementing partners, including coordination of their capacity assessments.

Efforts are being made to ensure mainstreaming and programming of PRSEAH into activities in all operations where there are Health Cluster mechanisms. In the Ukraine response, Health Cluster partners are under consideration for capacity assessment and development as implementing partners to mitigate potential risks of sexual exploitation, abuse and harassment and to ensure compliance by implementing partners. In all operations, Health Cluster partners have been sensitized on PRSEAH, including on the need for compliance.

WHO is currently operating in more than 51 high-risk countries. Safeguarding measures were implemented during the response to the 13th Ebola virus disease outbreak in the Democratic Republic of the Congo and are currently being implemented in responses to the crisis in north-eastern Ethiopia, the Lassa fever outbreak in Nigeria and the flooding in Malawi, and will be applied systematically within the WHO Health Emergencies Programme.

All funding requests for preliminary emergency response operations benefiting from WHO's Contingency Fund for Emergencies are now required to include a budget line on PRSEAH, with clearly articulated activities for implementation during the initial response period. At least ten requests for such funding in 2022 have thus far satisfied this requirement. For instance, WHO's responses to: disease outbreaks in Afghanistan, Cameroon and Nigeria; flooding in Madagascar and South Sudan; the conflict in Ukraine; civil unrest in Sudan; coronavirus disease (COVID-19) in Guinea and Sierra Leone; and flooding and poliomyelitis in Malawi. In the Democratic Republic of the Congo, WHO contributed to the joint operational review of PRSEAH measures following the containment of the 13th Ebola virus disease outbreak. This approach, with its enhanced focus on embedding PRSEAH in all emergency operations, needs adequate funding and sufficient human resource capacities if it is to be sustained.

The capacity for PRSEAH among national governments where WHO has field operations – including their engagement to hold partners accountable and to address inherent gaps in national capacities – remains an issue of concern requiring more advocacy and attention, especially in the context of mainstreaming and programming the matter in development settings. WHO is working closely with UNICEF and other UN entities on a global framework for cooperation with governments on prevention of and response to sexual exploitation and abuse.

The WHO Health Emergencies Programme holds monthly meetings with heads of WHO country offices in fragile and conflict-affected countries in order to provide guidance and support, build capacity and strengthen leadership and senior management commitment in this area. A learning pathway on PRSEAH for all the Programme's staff members and focal points was introduced in January 2022. Further efforts continue on mainstreaming and integrating PRSEAH into all Health Cluster coordination platforms; to ensure improved gender balance in the Programme's operations; and to mitigate the risks of sexual exploitation and abuse and sexual harassment. In order to deploy experts on PRSEAH to cope with its multiple emergency response operations, WHO is reinforcing its collaboration and partnerships with the standby partner mechanisms.

7 Working with UN and humanitarian stakeholders

WHO continued to collaborate closely with other UN, IASC and humanitarian partners on PRSEAH. Key collaborations during the period under review include the following:

- a. Information sharing:** as part of the UN-wide collaboration, WHO adhered to planning and reporting requirements (including entering data on sexual exploitation and abuse on the UN iReport platform). WHO and the newly-appointed UN Secretary-General's Special Coordinator on improving UN response to sexual exploitation and abuse (19) prioritized three areas of collaboration for 2022: (i) provision of support to implement the guidance note on information sharing on sexual exploitation and abuse; (ii) strengthening and reforming investigation services across the UN and humanitarian systems; and (iii) funding of two additional senior coordinators in priority countries. WHO already funds an IASC coordinator in Goma, Democratic Republic of the Congo.
- b. Victim- and survivor-centred approach:** examples include (i) collaboration with the Office of the Victims' Rights Advocate in the development of WHO's PRSEAH strategy, which will put a victim-centred approach at its core; (ii) collaboration in piloting consultations with and feedback from sexual exploitation and abuse victims and survivors in the Democratic Republic of the Congo and Haiti; and (iii) the collaboration with UNFPA described above in support to victims and survivors of the 10th Ebola outbreak in the Democratic Republic of the Congo.
- c. Training and learning:** WHO ran two workshops with UN Volunteers in June 2022, in English and French, on sexual exploitation, abuse and harassment to volunteers serving with WHO. WHO supported the International Organization for Migration in the review of the course content, and facilitated the delivery of the IASC coordinators' training on prevention of sexual exploitation and abuse (July 2022 and November 2022).
- d. Expanding PRSEAH capacity:** WHO is working with UNICEF and other UN entities to develop a global framework for cooperation with governments on prevention of sexual exploitation and abuse in the context of all public health and humanitarian responses. The framework will establish shared obligations and a coordination structure for receiving and referring allegations of sexual exploitation and abuse.

- e. **Implementing partners:** WHO is a member of the Implementing Partners Prevention of Sexual Exploitation and Abuse Working Group¹, which developed a package of resources to facilitate operationalization of the UN Implementing Partners Protocol, including training. WHO is supporting the IASC Secretariat to pilot this package on assessment and capacity-building for implementing partners in the refugee response in Ukraine. The Working Group has also developed a module on preventing sexual exploitation and abuse for the UN Partners Portal that was operational by the end of 2022.
- f. **IASC:** WHO worked closely with the IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment (20) as an active member of the IASC Technical Advisory Group. WHO contributed to and supports the delivery of the IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (2022-2026), which comprises three strategic priority commitments: (i) operationalization of a victim- and survivor-centred approach; (ii) promotion of lasting change in organizational culture, behaviour, and attitudes towards all forms of sexual misconduct in humanitarian organizations; and (iii) supporting country capacity, prioritizing identified high-risk contexts, ensuring that PSEAH capacity is a systematic part of scale-up in response to crises.

1 Comprising the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), UN World Food Programme, UN Population Fund (UNFPA), WHO, UN Office for Project Services, International Organization for Migration, UN Women.

8 Oversight

The WHO Secretariat has provided quarterly updates to Member States, as requested by the Executive Board in decision EB148(4) (21), together with ad hoc updates and briefings to Member States individually and in groups upon request.

The WHO Secretariat met with the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, which is mandated to oversee WHO's progress on PRSEAH, the Management Response Plan and other recommendations made by governing bodies.

The WHO Secretariat also provides updated information on its public website, updates the investigation dashboard on sexual exploitation, abuse and harassment and misconduct for all stakeholders, and responds to media queries.

9 Challenges

Although the Secretariat has made progress on PRSEAH throughout 2022, several challenges remain, some of which are beyond the Organization's control.

- a. Addressing sexual exploitation, abuse and harassment is a shared responsibility across the United Nations and led by the United Nations Resident Coordinator/Humanitarian Coordinator in countries. However, many coordinators are not fully conversant with PRSEAH risks, and only a limited number of countries have coordinators or experts to support and coordinate the UN Country Team or Humanitarian Country team, or to develop and monitor a strategy on protection from sexual exploitation and abuse at country level. Without this capacity, community-based complaint mechanisms, national complaints hotlines and the expansion of preventive actions in joint operations (such as in health emergencies) will remain weak and ineffective.
- b. Engagement with governments and authorities in countries where WHO has programmes and operations needs strengthening. This is essential for gender-based violence referral services, so that all victims and survivors, including those affected by sexual exploitation, abuse and harassment can safely access services. In joint operations with government personnel, such as in outbreak responses, the engagement of the host government is essential for a collective and coordinated approach and to ensure that national authorities are aware of WHO's policy on PRSEAH.
- c. Work on PRSEAH with implementing partners needs to be expanded in terms of institutional arrangements and capacity.
- d. The pool of experts available for PRSEAH roles and for deployment into health emergency operations remains small, and needs a broader United Nations systems approach.

Fig. 6 Ladder of responsibility



WHO's ability to bring lasting change is limited unless all stakeholders in the ladder of responsibility (see Fig. 6) play their part in a coordinated way. The Management Response Plan helped lay a foundation for the long journey ahead, with most of WHO's efforts focused on getting its own house in order. As the Organization climbs this ladder, the Organization will have less control and so there will be a need for new ways of engaging all relevant stakeholders, including victims and survivors themselves and community-based organizations.

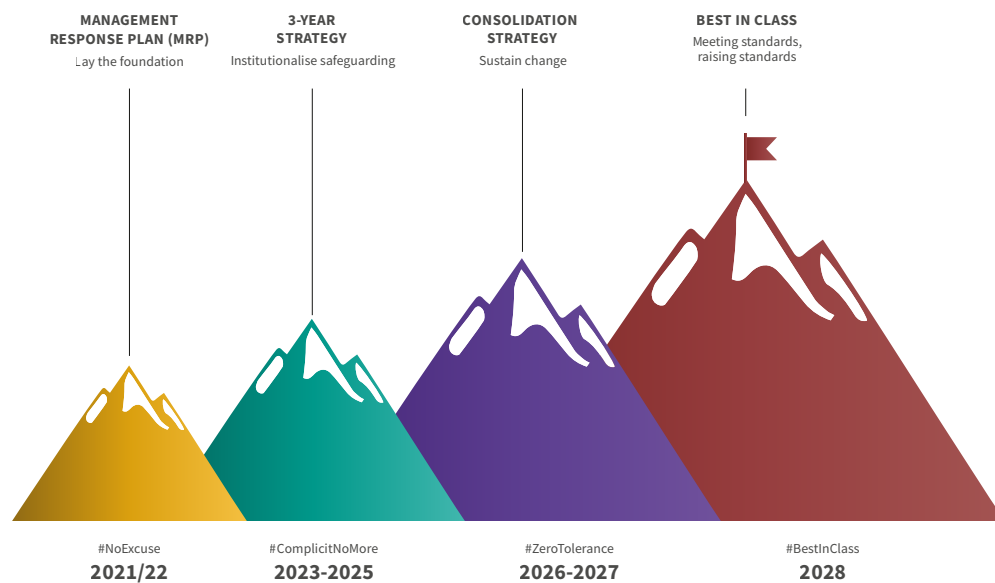
10 Conclusion

WHO is fully committed to achieving and sustaining zero tolerance for sexual exploitation, abuse and harassment and for inaction against it.

The work done so far has contributed to setting the Organization on the right path and has set the direction for the years to come (see Fig. 7). WHO's three-year strategy (2023-2025) for preventing and responding to sexual misconduct aims to institutionalize the gains made across the Organization in 2022.

The WHO Secretariat appreciates deeply the changes that have resulted directly from implementation of the recommendations of the IC and acknowledges that it still has a long journey ahead.

Fig. 7 The path to best in class.



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Visit: <https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment>

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