

Preventing and responding to
sexual misconduct
WHO's three-year strategy
2023-2025

Accountability framework



World Health
Organization

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sexual misconduct
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2023-2025

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Preventing and responding to sexual misconduct: WHO's three-year strategy 2023–2025. Accountability framework.

WHO/DGO/PRS/2023.2

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Contents

Abbreviations.....	iv
1. Introduction.....	1
1.1 Background	1
1.2 Brief description	2
1.3 The Purpose.....	3
1.4 Accountability and consequences	4
1.5 How to use this framework	4
2. The PRS Accountability Framework	5
Annex 1: End-to-end sexual misconduct incident management	19

Abbreviations

IOS	Office of Internal Oversight Services
KPI	key performance indicator
PASM	Preventing and Addressing Sexual Misconduct
PRS	prevention of and response to sexual misconduct
PRSEAH	Preventing & Responding to Sexual Exploitation, Abuse and Harassment
PSEAH	prevention of sexual exploitation, abuse and harassment
RC/HC	Resident Coordinator/Humanitarian Coordinator
SEA	sexual exploitation and abuse
SEAH	sexual exploitation, abuse and harassment
UN	United Nations
3YS	The three-year strategy for preventing and responding to sexual misconduct

1 Introduction

1.1 Background

WHO takes a stance of zero tolerance for any form of sexual misconduct¹, zero tolerance for inaction when faced with it, and zero tolerance for retaliation against those who report cases or bear witness.

The WHO Policy for Preventing and Addressing Sexual Misconduct (PASM) and the three-year strategy for preventing and responding to sexual misconduct (3YS) together provide a unified framework for this work from 2023 to 2025.

From 2021 to 2022, WHO's management Response Plan committed to developing a detailed accountability framework for the prevention of and response to sexual misconduct (PRS). The draft framework drew from findings and recommendations of several external reports and reviews², which underscored the need for accountabilities in relation to the prevention of and response to sexual misconduct, including sexual exploitation, abuse and harassment (SEAH) to be clearly defined and widely communicated.

The PRS Accountability Framework, which sits within the broader WHO accountability framework, seeks to contribute to WHO's efforts to uphold expected standards of conduct and create a respectful and safe workplace, build trust across the Organization and with collaborators and partners, and contribute to a change in culture. Although many of the actions required for this to happen are the responsibility of multiple personnel across the Organization, the PRS accountability framework identifies and clarifies team and individual accountabilities, which contribute to safeguarding the people we serve and the people we work with against sexual misconduct.

1 Acknowledging the similar drivers and causes of sexual exploitation, abuse and sexual harassment (SEAH) and the commonality of many of the interventions to prevent, mitigate and respond to such conduct, WHO uses the umbrella term "sexual misconduct" to encompass all forms of prohibited sexual behaviour by WHO personnel, including but not limited to SEAH. This was formalized and defined clearly in the Policy on preventing and addressing sexual misconduct, which came into effect on 8 March 2023.

2 The Report of the Independent Commission related to widespread allegations of sexual exploitation and abuse related to the 10th Ebola outbreak in 2021 and an external review conducted by Price Waterhouse Cooper overseen by the Independent Expert Oversight Advisory Committee in 2022.

1.2 Brief description

The PRS Accountability Framework will apply for the period 2023-2025 as part of the 3YS. It will be reviewed as part of the external evaluation of strategy implementation in 2025.

The Framework does not introduce new requirements for the workforce but highlights and clarifies the existing accountabilities of different groups of personnel based on the WHO regulatory and policy framework. Although overall responsibilities for implementation of the PASM policy are elaborated in the PASM policy itself, this Framework identifies the accountabilities of individuals and functions across WHO, drawing from the following:

1. WHO regulations and staff rules
2. the policy framework related to sexual misconduct – the PASM policy, the Preventing and addressing retaliation policy and the Code of Ethics
3. the three-year strategy for preventing and responding to sexual misconduct (3YS)
4. the end-to-end incident management system for allegations of sexual misconduct.

All personnel, managers and leaders will be supported to fulfill these accountabilities, as the Organization takes a learning approach to transforming WHO's culture and practices.

Staff, internal and external experts, leadership across WHO, the relevant accountability functions and all 194 WHO Member States have been consulted in the development of this Framework since the last quarter of 2022. In May 2023, the World Health Assembly decided that WHO should “finalize the accountability framework and ensure that it will be able to attribute accountability to individual staff and their functions” (A76/39). Those who commit sexual misconduct will be held accountable for their actions when these are substantiated by an investigation; however, in addition to this, there are many actions set out in the 3YS for which it is essential to identify and communicate the accountabilities of other colleagues and functions in preventing and responding to such misconduct.

1.3 The Purpose

The purpose of this framework is to clarify primary accountabilities of all personnel across the Organization, including managers and leaders, for implementing the 3YS and related policies. Individual and functional accountabilities are to be seen in a broader framework of collective responsibility for zero tolerance.

In a particular context, the accountable officer is responsible for either implementing a task or for ensuring that others do so according to agreed standards.

Each accountable individual is expected to

1. deliver on the accountabilities themselves where this is feasible, or
2. work with others under their supervisions or in collaboration with external teams and units to ensure their accountabilities are delivered, and/or
3. ensure any persisting challenges to meeting their accountabilities are identified and communicated in a timely fashion to their own supervisor and/or to the PRS Department.

The benefits of meeting these accountabilities are numerous. First and foremost, fulfilling these accountabilities allows the WHO workforce to take proactive, agreed, preventive actions so that sexual misconduct does not take place in the first place.

When incidents do occur, the accountabilities:

- i. ensure that the Organization, and all accountable officials and functions, provide fair, timely and sufficient support and protection to victims and survivors in line with the Organization's victim- and survivor-centred approach
- ii. ensure due process to alleged perpetrators and timely disciplinary measures when charges are substantiated, and
- iii. protect witnesses and bystanders.

More broadly, prevention and mitigation activities can benefit the entire workforce, including through the creation of respectful and safe workplaces for our workforce, protection from harm and rapid response for the populations we serve, a positive shift in Organization culture, and a strengthened reputation of and trust in WHO by our stakeholders. Importantly, they clarify and communicate clearly to accountable officials and functions the obligations they have in preventing and responding to sexual misconduct and therefore also guide their learning and capacity development activities, and inform the support they need from the Organization.

1.4 Accountability and consequences

Accountabilities are also linked to consequences. Such consequences – beyond learning and improvement and support for implementation by the PRS team – may draw upon the following:

- **Non-compliance with the regulatory and/or policy frameworks by personnel:** consequences will be based on Staff Rule 1110 and related eManual provisions. Referral to national jurisdiction may be envisaged.
- **Breach of conduct or contractual clause by contractors:** consequences are specified in the contract and referral to local justice systems is possible.
- **Infringement by implementing partners:** termination of contract; referral of perpetrator to national jurisdictions may be envisaged.

This Accountability Framework focuses on accountabilities in the context of PRS. It serves as a reference and is non-exhaustive.

The WHO regulatory and policy frameworks are the legal basis for ensuring overall accountability. For WHO contractors and implementing partners relevant provisions are included in the general clauses of all WHO contracts and cooperation agreements. Related standard operating procedures and “field guidance” will help workforce members and implementing partners to put the framework into practice.

1.5 How to use this framework

The PRS Accountability Framework lists key accountabilities for WHO personnel, grouped into eight categories:

- Category 1 accountabilities apply to every member of the WHO workforce
- All categories from 2-8, have accountabilities specific for their role/office/function in addition to category 1
- It is important to read through and familiarize yourself with the entire PRS Accountability framework so that you know which categories apply to you and how the accountabilities of colleagues in other categories complement your own.

2 The PRS Accountability Framework

Category 1 applies to:	Key accountabilities All WHO personnel
All WHO personnel (including staff and collaborators) – as defined in the WHO Policy on Preventing and Addressing Sexual Misconduct sections 2.2 to 2.3.1	<ol style="list-style-type: none">1. Do not engage in or encourage others to engage in sexual misconduct.2. Honour and uphold WHO's oath of office. Abide by the Standards of Conduct for the International Civil Service, WHO staff regulations, staff rules, policies, and related guidelines and procedures and set a good example in line with the Code of Ethics and any successor thereto.3. Obtain the requisite knowledge and skills to enable you to fulfil your role in the prevention and response to sexual misconduct, including through completing mandatory trainings, role-specific trainings and participation in related awareness raising and engagement activities.4. As soon as sexual misconduct is witnessed or concern about such misconduct is heard, report it to the Office of Internal Oversight Services (IOS) directly (by emailing investigation@who.int, or through the WHO Integrity Hotline).5. Cooperate fully with investigations and share confidential information fully with, and only with IOS.

Category 2 applies to:	Key accountabilities Managers (all staff with supervisory responsibilities)
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In addition to Category 1 accountabilities

**Managers
(all staff with
supervisory
responsibilities
including but not
limited to Team
Leads, Unit Heads,
Coordinators,
Directors, Assistant
Director-Generals, etc.)**

1. Promote the PASM policy: maintain an open dialogue with supervisees and ensure that the policy is understood and applied; share information on PRS updates, events, and requirements; support the shift to a victim- and survivor-centred approach; and request PRS officers to support such interactions when additional support is needed.
2. Uphold and promote the duty to report misconduct, the Organization's obligation to protect personnel from retaliation, and to maintain confidentiality.
3. Ensure that the learning objectives of teams and staff members related to the prevention of and response to sexual misconduct under their supervision are met and updated as required.
4. Contribute to assessments of sexual misconduct risks and develop related mitigation plans as required.
5. When organizing events, ensure that meeting participants are made aware of the [WHO Code of Conduct: To prevent harassment, including sexual harassment, at WHO events](#).

Category 3 applies to:	Key accountabilities Incident/operations/programme managers
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In addition to Category 1 and 2 accountabilities

**Incident/operations/
programme managers**

1. Integrate PRSEAH in the graded emergency response operations in line with related tasks and performance indicators in the Emergency Response Framework.
2. Ensure appropriate resource mobilization and allocation and staffing for the prevention of and response to sexual misconduct throughout operations and integrate the SEAH risk mitigation plan into strategic response plans and donor proposals.
3. Provide management and administrative oversight, including supervision of the dedicated PRSEAH technical expert in the emergency response operations.
4. Ensure that basic sexual misconduct safeguarding measures are conducted, such as the screening of all personnel in the UN ClearCheck database, briefing and repeat training of response personnel and ensuring that all response personnel know of WHO's standards of conduct and are familiar with relevant policies and our Code of Ethics.

**Category 4
applies to:**
**Key accountabilities
WHO Representatives /Heads of WHO country offices**

In addition to Category 1 and 2 accountabilities

**WHO Representatives /
Heads of WHO country
offices**

1. Appoint and support at least one PRS Focal Point (minimum 50% full-time equivalent and/or a full-time expert depending on context) in line with the PASM policy.
2. Coordinate with the Incident Manager to ensure dedicated PRSEAH capacity in graded emergencies operations. Ensure the completion of at least one annual assessment of sexual misconduct risks (update as required), and develop, implement, and document related mitigation plans as required by the Organization.
3. Ensure that financial resources for the implementation of sexual misconduct risk mitigation plans are included in Country Office budget planning processes in coordination with PRS Regional Coordinators.
4. Participate proactively in United Nations (UN) action on PRSEAH under the leadership of the UN Resident Coordinator/Humanitarian Coordinator (UN RC/HC) and ensure own PRS Focal Point is collaborating on interagency PSEA/PRSEAH/ PRS mechanisms, workplans and actions.
5. Monitor the fulfilment of all requirements for safeguarding against sexual misconduct in emergency response operations and other community-facing operations, as defined by relevant key performance indicators (KPIs).
6. Follow WHO guidance on sharing information of allegations of sexual exploitation and abuse with UN RC/HC.
7. Facilitate the provision of victim- and survivor-support as requested by the WHO-mandated officials (PRS/IOS/Staff Health and Wellbeing Services) and/or UN Victim Rights Advocate.
8. Ensure all personnel are screened through the UN ClearCheck database during recruitment.
9. Ensure that all new personnel and deployees to the country receive briefings and training on the prevention of and response to sexual misconduct and ensure that refresher trainings are provided as needed and are informed of complaint mechanisms and services that can be accessed safely if they experience sexual misconduct.
10. Ensure the capacity of implementing partners in the prevention of and response to sexual misconduct is assessed and recorded in the ([UN Partner Portal](#)) and that capacity development support is provided to implementing partners, as relevant.
11. Coordinate with government entities to safeguard all operations from sexual exploitation and abuse.
12. Provide an annual update of progress on PRS-related actions to the Director-General as part of the Letter of Representation.

Category 5 applies to:	Key accountabilities Director, Office of Internal Oversight Services
<p>Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:</p> <p>Director, Office of Internal Oversight Services (DIR/IOS)</p>	<p><i>In addition to Category 1 and 2 accountabilities</i></p> <ol style="list-style-type: none"> 1. Ensure the efficient functioning and safe access to the Integrity Hotline and other mechanisms for the reporting of allegations to IOS. 2. Ensure that allegations of sexual misconduct are addressed in accordance with applicable WHO regulatory framework for addressing misconduct, including timeframes and key performance indicators stipulated therein <ol style="list-style-type: none"> a. Advise victims/survivors of assistance and support available from PRS and for protection from retaliation by the Ethics Team during the investigative period b. Provide regular updates on the status of the investigation to victims/survivors according to KPIs and enter them in the end-to-end Sexual Misconduct Incident Management System (see Annex 1). c. Provide anonymized or redacted copies of investigative reports for unsubstantiated cases, as appropriate, to PRS to identify potential policy or operational shortcomings and any need for preventative or corrective measures. d. Even in the absence of formal complaints, provide adequate information to decision makers to enable appropriate action to be taken on matters that suggest that incidents, patterns of behaviour of staff or collaborators pose a clear and ongoing threat to others. e. For substantiated cases, ensure the decision maker receives the investigation report, together with the Department of Human Resources and Talent Management. 3. Ensure information sharing commitments are met: <ol style="list-style-type: none"> a. Share information on SEA allegations in accordance with the UN information sharing protocol and pertinent WHO standard operating procedures. b. Facilitate information sharing with PRS, heads of WHO country offices and UN RC/HC. c. Update UN iReport as per established procedure (but no later than monthly). d. Update WHO's IOS dashboard monthly. e. Ensure entry of data on intake and investigations in the WHO electronic Investigation and Disciplinary Measure (IDM) or subsequent data base(s). f. Conduct data analysis to identify for trends and systems improvement. 4. Other <ol style="list-style-type: none"> a. Provide screening, based on requests by the Department of Human Resources and Talent Management, of WHO staff prior to their promotion or changes in assignments certifying that there are no allegations of sexual misconduct against them. b. Ensure that investigators and related officials have baseline and refresher training and apply protocols for victim- and survivor-centred investigation.

**Category 5
applies to:**
Key accountabilities
Director, Department of Human Resources and Talent Management

In addition to Category 1 and 2 accountabilities

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:

**Director, Department
of Human Resources
and Talent
Management (DIR/HRT)**

1. Ensure KPIs related to the sexual misconduct incident management system are monitored for the post-investigation phase:
 - a. Ensure the tracking of end-to-end process data points in the electronic Investigation and Disciplinary Measure (IDM) database and analyse and address bottlenecks in their own area of responsibility and highlight relevant information to other accountability functions.
2. Related information sharing and communication:
 - a. Ensure the updating of data (allegations of SEA and substantiated cases of SEA and sexual harassment) in the UN ClearCheck database.
 - b. Manage informal resolution of sexual harassment where the victim so chooses and share with PRS anonymized data and trends on a bi-annual basis.
 - c. Ensure the victim/survivor is informed of the outcome of the case following notification of the decision to the subject of investigations.
 - d. Ensure adequate support to WHO managers, victims and survivors, witnesses and those returning to active service following administrative leave after unsubstantiated allegations of sexual misconduct or related charges.
 - e. Monitor and take action to rebuild a conducive work environment and provide support to manage potential conflict arising from transition upon return to active service of personnel previously on administrative leave against whom allegations of sexual misconduct are not substantiated.
 - f. Ensure that the public dashboard on disciplinary measures is updated monthly
3. Other safeguarding actions:
 - a. Facilitate the training of all Human Resources and Talent Management officers across the Organization on how to advise personnel on mandatory reporting, on access to victim and survivor services, and how to request protection from retaliation.
 - b. Ensure all WHO offices have a focal point for screening personnel at all levels, including deployees to country level operations, through UN ClearCheck database.
 - c. Ensure that WHO candidates for WR positions are screened by IOS for reported allegations or previously substantiated sexual misconduct.
 - d. Manage and ensure compliance with sexual misconduct-related mandatory training and report out compliance on a 6-monthly basis.
 - e. Ensure all induction programmes across the Organization include a module on the prevention of and response to sexual misconduct.
 - f. Report on the achievement of gender parity targets for senior levels, especially HWCs and Directors at RO and HQ levels.

Category 5 applies to:	Key accountabilities Director, Compliance, Risk Management and Ethics
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In addition to Category 1 and 2 accountabilities

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:

Director, Compliance, Risk Management and Ethics (DIR/CRE)

1. Ethics and policy implementation:
 - a. Ensure that recommendations for protection are provided in cases of alleged retaliation, based on the preliminary review conducted by IOS.
 - b. Maintain a declaration of interest system that captures potential conflicts of interests required to be disclosed under WHO's regulatory and policy framework
2. Compliance and risk management:
 - a. Provide tools to technical departments, units, regional and country offices for them to assess sexual misconduct risks when examining collaboration requests by third parties
 - b. Provide Secretariat services for the Global Risk Management Committee that discusses and assesses sexual misconduct risks and ensure that all risks are updated annually in the principal risks register.

Category 5 applies to:	Key accountabilities Director, Staff Health and Wellbeing Department
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In addition to Category 1 and 2 accountabilities

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:

Director, Staff Health and Wellbeing Department (DIR/SHW)

1. Victim and survivor support:
 - a. Ensure the global Staff Health and Wellbeing network is mobilized and equipped for the provision of support to victims and survivors as requested by the PRS network.
 - b. Ensure support to WHO staff who are victims/survivors of sexual misconduct, including regular and proactive follow up by a dedicated officer using victim and survivor-centred approaches.
 - c. Ensure the effective functioning of staff services such as the internal and external counselling services.

**Category 5
applies to:**
**Key accountabilities
Director, Prevention of and response to Sexual Misconduct**

In addition to Category 1 and 2 accountabilities

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:

Director, Prevention of and response to Sexual Misconduct (DIR/PRS)

1. Related to the sexual misconduct incident management system:
 - a. Ensure that all accountable and responsible officials have useable information on and instructions for the provision of victim and survivor support services.
 - b. Lead communication and collaboration on high profile sexual misconduct cases/incidents.
 - c. Ensure the Survivor Assistance Fund is used effectively and in the best interest of victims and survivors.
 - d. Ensure regular communication with victims & survivors (IOS manages this during the investigation phase and PRS to provide regular check-ins during the post-investigation phase)
2. Related to information sharing and communication:
 - a. Ensure communication with the victim/survivor in accordance with applicable WHO policies and KPIs in the end-to-end Sexual Misconduct Incident management system and ensure they are offered services at each interaction.
 - b. Ensure timely information on sexual misconduct cases is received from IOS and transmitted to HWCOs to fulfil the requirement to inform relevant RC/HCs.
 - c. Deliver regular Member State briefings on progress and challenges and communicate on behalf of the Secretariat on sexual misconduct prevention and response issues at Governing Body meetings.
 - d. Lead external communication with media on sexual misconduct allegations.
 - e. Fulfil to the extent possible communication and information sharing obligations with donors.
3. Related to policy and strategy:
 - a. Ensure coordination of sexual misconduct prevention and response interventions in all accountability functions, programmes and operations across the three levels of the Organization.
 - b. Ensure integration of UN system-wide recommendations and maintain and coordinate the updating of rules, policies, procedures, systems, mechanisms, tools, etc. for the prevention of and response to sexual misconduct.
 - c. Lead implementation and socialization of the PASM policy and the 3YS.
 - d. Ensure capacity development and continuous learning of the global network of PRS personnel/FPs
 - e. Ensure timely support for the implementation of policy and strategy is provided to senior managers, with a focus on Heads of WHO Country Offices.
 - f. Ensure timely advice and support to operational programmes including but not limited to WHE and POL.
 - g. Provide regular updates to ADG/BOS on the implementation of the UN Protocol on Allegations of SEA involving Implementing Partners and on efforts to assess and strengthen the capacity of implementing partners to address sexual misconduct.
 - h. Provide regular updates and support to the GPG on issues related to the prevention of and response to sexual misconduct.

Category 5 applies to:	Key accountabilities Regional PRS/PRSEAH coordinators
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In addition to Category 1 & 2 accountabilities

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system

Regional PRS/PRSEAH Coordinators

1. Ensure the elaboration of country-level and regional workplans that facilitate the implementation of the PASM policy and 3YS in their respective regions.
2. Ensure that their respective RDs are kept informed of progress red flags and challenges at least monthly and receive strategic and programmatic advice on sexual misconduct prevention and response as needed.
3. Ensure Country Focal points designated by the HWCO and Country level full-time PRR/PRSEAH Technical officers in priority countries are trained and supported.
4. Support Country Focal points to deliver on sexual misconduct risk assessment exercises and mitigation plan development and their implementation.
5. Track regional progress and challenges and report to DIR/PRS at least a quarterly basis.
6. Coordinate the requirements for financial resources by country offices for PRS/PRSEAH work and ensure these are accounted for budgeting in the Programme Budget.
7. Regularly check with Country Focal points and Country offices that basic safeguarding measures (screening and training) are taking place in all countries and that any shortcomings are reported to RD and DIR/PRS.
8. Ensure provision of expertise in high-risk situations and health emergency operations as required by the Incident Manager or Programme Manager and in line with the provisions in the Emergency Response Framework (2023) and IASC PSEAH outcome measures.
9. Ensure prevention activities in the regional office including the assessment and mitigation of sexual misconduct risks in that office.
10. Participate in regular networking and learning activities offered by PRS.

Category 5 applies to:	Key accountabilities PRS Country Focal Points
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In addition to Category 1 and 2 accountabilities:

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system:

PRS Country Focal Points

1. Ensure that all information and communication from the global and regional levels and from the UNCT/HCT regarding policies, strategies, procedures related to the prevention of and response to sexual misconduct are shared with the HWCO and the WHO country team, as appropriate.
2. Ensure all WHO country team standing- and surge-capacity knows about what constitutes sexual misconduct, mandatory reporting obligations, and the ways to report allegations to IOS.
3. Support the HWCO in conducting the annual sexual misconduct risk assessment and in developing the mitigation plan.
4. If relevant, support PRSEAH/PRS experts assigned to Incident Managers during graded emergencies.
5. Proactively participate in the country-level UN (PSEAH) network, contribute to the workplan and its implementation.
6. Provide victim and survivor support when requested to do so by a mandated official (IOS, PRS global or regional, or SHW).
7. Participate regularly in monthly networking and learning activities offered by PRS.

In addition, full-time PRS Country Focal Points/technical officers (PRSEAH/PRS):

8. Ensure that all country-level stakeholders are fully aware of WHO's policies and standards
9. Ensure that an up-to-date mapping of GBV referral services is available
10. Ensure that appropriate community-based complaints mechanisms are in place and coordinated with other operational actors
11. Lead implementing partner assessment and capacity building support and ensure the consistency and quality of records in the UN Partner Portal
12. Deploy as first-level surge capacity during in-county emergencies

Category 5 applies to:	Key accountabilities Assistant Director-General, Business Operations
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In addition to Category 1 and 2 accountabilities:

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system

Assistant Director-General, Business Operations

1. Ensure timely availability of financial resources for PRS work at three levels of the Organization and for accountability functions in line with programme budget commitments to the extent possible.
2. Ensure that all procurement contracts adhere to sexual misconduct prevention and response requirements and that the contracts of service providers who do not meet WHO's standards are terminated as soon as infringements of standards become known.
3. Ensure and report out on progress in safeguarding from sexual misconduct by implementing partners, including through oversight on UN Partner Portal operations for this purpose for WHO.
4. Ensure financial procedures including emergency procedures are established and implemented for survivor/victim assistance, including but not limited to the Survivor Assistance Fund.
5. Ensure that Staff Health Insurance facilitates and expedites support to staff who are victims/survivors of sexual misconduct in line with agreed procedures.

Category 5 applies to:	Key accountabilities Senior Advisor to DG
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In addition to Category 1 and 2 accountabilities:

Managers with key responsibilities in prevention of sexual misconduct and/or the sexual misconduct incident management system

Senior Advisor to Director-General

1. Monitor and report on the end-to-end sexual misconduct accountability process and incident management system (including investigations, final resolution of matters, and follow-up actions), and flag issues requiring urgent attention of the Director-General and/or the PRS accountability team.
2. Identify and report out on structural issues requiring revision of rules, policies and procedures, and flag issues requiring urgent attention of the Director-General and/or PRS.
3. Analyze and report on WHO's regulatory and policy frameworks and documented procedures, guidelines, and relevant frameworks, including those related to sexual misconduct, abusive conduct and other misconduct, providing senior level advice, and identifying gaps and areas requiring revision.
4. Review existing and new procedures for addressing sexual misconduct to ensure they are in line with the WHO regulatory and policy frameworks.

Category 6 applies to:	Key accountabilities Executive Director, WHO Health Emergencies Programme
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In addition to Category 1 and 2 accountabilities:

**Executive Director/
WHO Health
Emergencies
Programme**

1. Regularly update the WHO Emergency Response Framework to address the risk of sexual misconduct in emergency work, ensure its dissemination across the World Health Emergencies community, and review progress in the implementation of KPIs on at least a quarterly basis with Regional Emergency Directors.
2. Ensure that the release of funds from the Contingency Fund for Emergencies is contingent on the request incorporating a preliminary plan and budget for prevention and response to sexual misconduct in order to facilitate integration of PRSEAH activities in the response operation right from the outset.
3. Ensure core capacity is established within World Health Emergencies for safeguarding in health emergency response and advocate with donors for additional funding PRS work in graded emergencies.
4. Ensure that all key health emergency response partner entities (including at least the Global Health Cluster, Global Outbreak Alert and Response Network, Standby Partnerships, and Emergency Medical Teams) have been trained and briefed on WHO's requirements for preventing and responding to sexual misconduct.

Category 6 applies to:	Key accountabilities Regional Emergency Directors
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In addition to Category 1 and 2 accountabilities:

**Regional Emergency
Directors**

1. Advocate for and support integration of PRSEAH in emergency operations.
2. Advocate for resources (financial and human resources) for PRSEAH implementation in emergency operations in their regions.
3. Report and communicate on progress of PRSEAH implementation in emergency operations in their region.

Category 7 applies to	Key accountabilities Regional Directors
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In addition to Category 1 and 2 accountabilities:

Regional Directors

1. Ensure the implementation of global strategies, policies, and plans in the regional context, prioritizing implementation in the regional office and in priority countries.
2. Appoint and empower at least one senior PRS Coordinator and ensure that regional-level support functions, including the Department of Human Resources and Talent Management, provide inputs for this work.
3. Ensure all heads of WHO country offices complete an annual sexual misconduct risk assessment, and their corresponding risk mitigation plans.
4. Ensure integration of PRS in health emergency and humanitarian response in the region as per the Emergency Response Framework (2023).
5. Take corrective action and hold colleagues (heads of WHO country offices, managers of WHO regional offices, and all categories of personnel) to account for meeting sexual misconduct prevention- and response-related KPIs.
6. Take timely decisions on disciplinary actions according to established KPIs in the end-to-end sexual misconduct incident management system on sexual misconduct cases submitted to them.
7. Engage Member States in the region in building capacity for the prevention of and response to sexual misconduct.
8. Allocate adequate resources to ensure required services and victim/survivor support functions are accessible to the workforce, particularly in locations with low service coverage.
9. Ensure the sustainability of PRS-related activities across the region.
10. Communicate regularly on PRS issues, share information on progress and advocate for UN and humanitarian system-wide change for PRS/PRSEAH.
11. Lead and resource culture change in the regional office and in countries of the region.
12. Ensure steady progress towards gender parity at the senior decision-making levels in their respective region.

Category 8 applies to	Key accountabilities Director-General
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In addition to Category 1 and 2 accountabilities:

Director-General

1. Set global direction and ensure accountability for the prevention of and response to sexual misconduct and the implementation of related policies and strategies.
2. Promote an organizational culture of speaking up against sexual misconduct, and one that supports the ending of impunity in cases of sexual misconduct.
3. Allocate adequate and predictable global resources for the prevention of and response to sexual misconduct, in line with programme budget commitments to the extent possible, and lead resource mobilization.
4. Ensure that accountability functions (Internal Oversight Services, Compliance, Risk Management and Ethics, Human Resources and Talent Management, PRS, Staff Health and Wellbeing, Ombudsperson and Mediation Services, Victim/Survivor support function) are fit-for-purpose in their structures, scope of responsibility and resources, and monitor their performance at least annually and take corrective action for failure to meet assigned accountabilities.
5. Take timely decisions on sexual misconduct cases, according to established KPIs in the end-to-end sexual misconduct incident management system.
6. Provide reports to WHO's governing bodies and keep Member States briefed regularly.
7. Report out annually to the UN Secretary General on progress made by WHO on issues related to the prevention of and response to sexual misconduct.
8. Require annual letters of assurance and compliance from heads of WHO country offices and senior management (Executive Directors/Assistant Director-Generals/Regional Directors) on progress made on sexual misconduct prevention within their sphere of influence.

Category 8 applies to	Key accountabilities Implementing partners
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In addition to Category 1 and 2 accountabilities:

- | | |
|------------------------------|--|
| Implementing partners | <ol style="list-style-type: none"> 1. Take all reasonable and appropriate measures to prevent, address, and take any corrective measures that may be necessary with respect to sexual misconduct by their employees or other persons they engage. 2. Take preventive and response measures as stated in the UN Protocol on allegations of SEA involving implementing partners. 3. Participate in sexual misconduct prevention and response capacity assessments, trainings, awareness-raising events and implement capacity development measures identified. 4. Immediately report all credible allegations/cases and action taken to WHO. |
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Category 8 applies to	Key accountabilities Other entities collaborating with WHO
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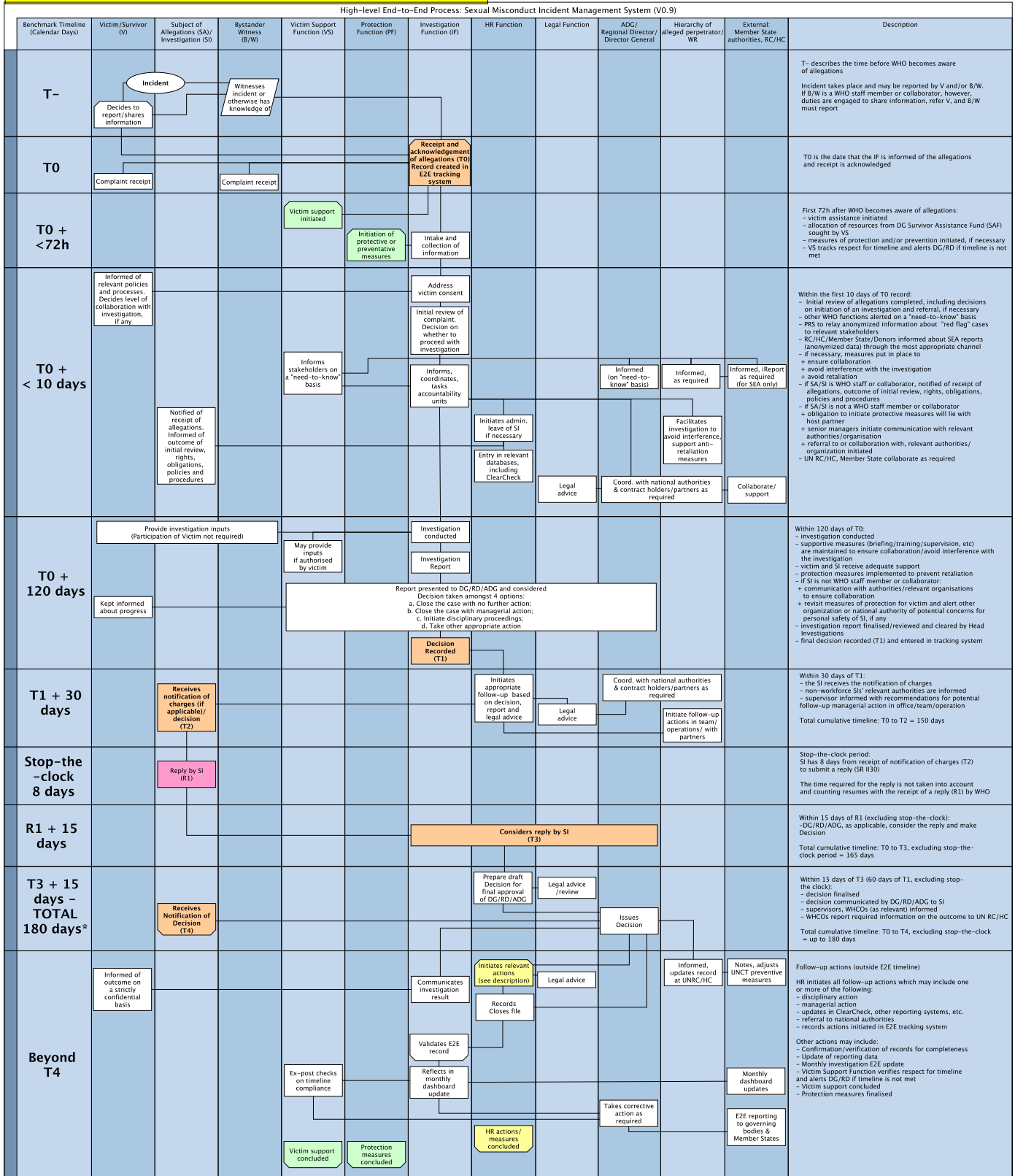
In addition to Category 1 and 2 accountabilities:

- | | |
|--|--|
| Other entities collaborating with WHO | <ol style="list-style-type: none"> 1. Ensure that the conduct of their employees and any other persons engaged by them to perform any of the terms of reference and/or activities of agreed workplans is consistent with the WHO standards of conduct. 2. Take all reasonable and appropriate measures to prevent, address and take any corrective measures that may be necessary with respect to sexual misconduct by their employees or other persons they engage. |
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Annex 1: End-to-end sexual misconduct incident management

Definitions/Explanations:

- A Bystander is defined as anyone who witnesses or receives information on events (e.g. Victim-Support-Officer, colleague, third party, etc.)
- "Functions" are not individual departments or units, but bring together several actors; composition to be determined
- The "Timeline" constitutes a benchmark to measure the performance of the incident management system in the absence of exacerbating circumstances.
- This document is intended as a functional overview of the high-level process for a typical caseload. It is to be used for reference only and should not be considered as legally binding or as an entitlement for notification/communication flow to the concerned parties.



* WHO aims to meet a 60-day benchmark for the post-investigation phase; for purpose of benchmark compliance, a period of up to 80 days will be considered as within benchmark.
* The 60 days and 80 days for the post-investigation phase constitute a benchmark to measure the performance of the incident management system. They are indicative and cannot, in any case, be interpreted or considered as legally binding or as an entitlement for notification/communication flow to the concerned parties

Contact: PRSEAH@who.int

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

Report wrongdoing: bit.ly/WHOIntegrityHotline

