

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

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List of abbreviations

IASC	Inter-Agency Standing Committee
OSCSEA	Office of the Special Coordinator on improving UN response to sexual exploitation and abuse
PRSEAH	Prevention and response to sexual exploitation, abuse, and harassment (used by WHO)
PSEA	Protection from sexual exploitation and abuse (used by the UN)
SEAH	Sexual exploitation, abuse, and harassment
UN	United Nations
WHO	World Health Organization

Part 1

1.1 Introduction

Sexual exploitation, sexual abuse and sexual harassment (SEAH) violate the rights and wellbeing of the people we serve and the people with whom we serve. Such behaviours are directly in opposition to WHO's values and our abiding responsibility to do no harm.

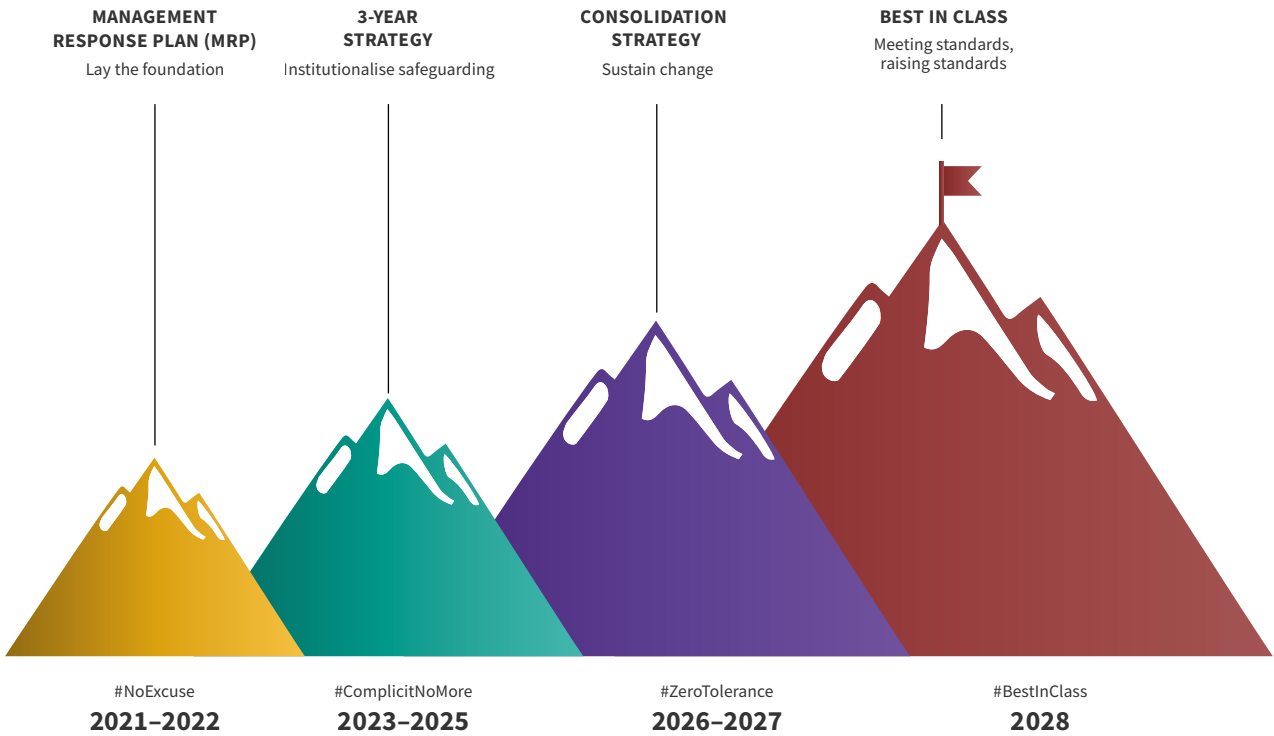
WHO uses the umbrella term "sexual misconduct" to encompass the full spectrum of prohibited and unwanted behaviour of a sexual nature (including rape and sexual assault) as described in WHO's 2023 Policy for preventing and addressing sexual misconduct (1). This is because all such acts are prohibited – whether perpetrated by WHO's own personnel or by implementing partners – and therefore constitute misconduct. The term sexual misconduct is also easier to communicate and translate, as victims and survivors do not always understand the complicated acronyms and definitions used by the United Nations (UN) and the humanitarian sector. However, we use the terms sexual misconduct and SEAH interchangeably as required when we interact with UN and other stakeholders.

Sexual exploitation and abuse of the populations we serve, and sexual harassment of our own workforce require similar prevention and response approaches because they stem from the same power differentials, inequities, drivers, and risks.

The disturbing and tragic findings of the Independent Commission established by the WHO Director-General in 2020 to examine allegations of sexual exploitation and abuse by responders in the 10th Ebola outbreak in the Democratic Republic of the Congo, including but not limited to WHO personnel, shaped and informed an Organization-wide effort launched by WHO to prevent and respond to sexual exploitation, sexual abuse and sexual harassment. Building on the progress made through the implementation of our Management Response Plan, the focus for the next three years (2023 – 2025), encapsulated in this strategy, will be institutionalization and expansion of the work done so far.

However, as shown in Fig.1, the progress made so far constitutes only a first step in a long and complex journey that the Organization must undertake in close collaboration with our UN, humanitarian, government and civil society partners. This institutionalization phase is likely to be followed by a consolidation strategy to guide us as we refine our approach, course correct, and meet new and emerging challenges. This in turn will be aimed at shaping and changing WHO to meet our best-in-class ambition within 3 – 4 years of fully implementing this three-year strategy.

FIG. 1 THE PATH



1.2 Vision

Our vision is that we do no harm, to the people we are entrusted to serve or to the people with whom we serve.

This vision will be underscored by our goal: zero tolerance for any form of sexual misconduct by our workforce and our implementing partners is a hallmark of our organization.

We envision a world where:

- no victim of sexual exploitation, abuse or harassment goes unheard or unsupported
- no perpetrator goes unpunished
- no workforce member has any excuse for sexual misconduct or for inaction when they hear about an incident
- no implementing partner is exempt from meeting our standards .

1.3 Approach

The strategy is based on three strategic approaches to prioritize meaningful actions and impact. As outlined in the Strategy Framework (2), WHO will:

- put victims and survivors of sexual misconduct at the heart of our work
- prioritize transparency and accountability
- be a reliable, respected, and active partner working collaboratively with the UN, the humanitarian system, government partners, nongovernmental organizations and community-based organizations for system-wide change and impact.

The strategy will be underpinned by the principles of ownership, leadership, participation of the entire workforce, transparency, and a learning mindset at the individual and organizational levels. Although the focus of the strategy is on addressing sexual misconduct, it is expected to also impact broader organizational change that will address other forms of misconduct and emerging cultural, structural, and behavioural challenges.

1.4 Results

The strategy is designed to achieve four main results (outputs) to help achieve our vision.

1

WHO consistently takes a victim- and survivor-centered approach (VSCA) throughout the safeguarding cycle.

WHO will take a victim- and survivor-centred approach not just in how we respond to incidents of sexual misconduct, but throughout the safeguarding cycle: identification of risks, prevention, reporting, response and recalibration or learning back. This result will be supported by a Victim and Survivor Support function and by the WHO Survivor Assistance Fund (SAF), and will be based on multi-disciplinary inputs, and collaboration across the UN and humanitarian partners for system-wide actions that truly address the needs and rights of victims and survivors, including their right to self-determination.

2

WHO's policies, procedures and practices are supportive and promote safeguarding against all forms of sexual misconduct.

WHO will fully implement the new WHO Policy for preventing and addressing sexual misconduct (1), the WHO Policy on preventing and addressing retaliation (3), and the WHO Code of ethics and professional conduct (4); it will develop, implement and monitor practices and procedures in accordance with these policies.

3

WHO is able to take and accountable for taking measures for safeguarding against sexual misconduct in our programmes and operations delivered by our personnel and our implementing partners.

WHO will fully scale up the Organization's capacity at individual and systems levels, and build competencies of personnel, managers and leaders; assess and capacitate implementing partners; engage national government entities especially during health outbreaks where WHO is the primary partner of the Government; and enforce relevant Accountability Framework across the Organization (5). Accountability will also entail regular dialogue with key stakeholders and a Monitoring and Evaluation Framework (6) that accompanies this strategy.

4

WHO's workforce supports and demonstrates a culture of ethical, gender-equal behaviour that protects everyone's right to a safe and equal workplace and prevents sexual misconduct.

WHO will intensify initiatives for changing organizational culture, address structural drivers of culture, support leadership and personnel to adopt behaviour change and implement strategic changes in human resources management. Diversity, equity and inclusion initiatives will be strengthened and respect and equity in our workplaces promoted.

1.5 Actions

This strategy will be implemented through annual work plans, the first of which will be released in February 2023. Subsequently, around September 2023 and 2024, review and lessons learned exercises will be undertaken, and new annual work plans developed for the following calendar year.

To achieve the results wanted, 10 priority actions will be undertaken. Individual priority actions can contribute to the achievement of several results; the priority actions are therefore mapped against the four main results described above.

Priority action:	Main result(s):
1. Strengthen transparency and accountability of the Organization and its leaders.	1 2 3 4
2. Embed a victim- and survivor-centred approach (VSCA) throughout the safeguarding cycle.	1 2
3. Institutionalize safeguarding from sexual misconduct in all relevant policies, procedures, and practices.	1 2 3
4. Ignite and sustain culture change across the organization.	1 2 3 4
5. Prioritize high-risk situations – emergencies, community-facing operations, and implementation partners.	1 2 3
6. Strengthen systems to identify and manage sexual misconduct risk.	2 3
7. Build up capacity and expertise for the prevention of and response to SM.	3
8. Fully implement the end-to-end sexual misconduct incident management system.	1 2 3 4
9. Collaborate closely with and contribute to system-wide action with the UN and humanitarian systems, governments, and civil society.	1 2 3
10. Develop and implement systems for monitoring and evaluation, learning and sharing of experiences.	2 3

These priority actions will form the basis of annual work plans. Additional information will be provided in Part II of this document.

Part 2



2.1 Strengthen transparency and accountability of the Organization and its leadership

2.1.1 WHY

Open acknowledgement of the existence of sexual misconduct by members of the WHO workforce and honest communications about its prevalence, as well as about preventive and response actions undertaken by the Organization, are required as a foundation for addressing sexual exploitation, abuse and harassment.

When leaders are transparent and open to scrutiny, organizational culture begins to shift. This enables the scourge of sexual misconduct to be brought out of the shadows of denial and into the light of reality. Transparency enables open discussion of the problem, its causes and drivers, and helps to find solutions. Open communication also broadcasts to the workforce and stakeholders that the issue is both important and urgent for the Organization.

However, good intentions and open communication are not enough to combat sexual misconduct. Sexual misconduct thrives on a vicious triad of factors:

- i. the power differential between the perpetrator and the victim or survivor
- ii. opportunity, structures and organizational culture allowing the perpetrator to exploit these differences
- iii. real or perceived impunity – the lack of consequences for the perpetrator and the organization.

Accountability disrupts this triad by addressing the issue of impunity and transforming the social norm. Accountability means that WHO is serious about doing no harm. Anyone who transgresses WHO's policies and standards of behaviour must be held accountable. Any manager or leader who turns a blind eye to such transgressions must also face consequences. The Organization, too, is accountable for reforming its structure and culture so that all possible preventive and response measures are taken wherever we work or operate.

Together, transparency and accountability demonstrate to the workforce and to all external stakeholders that there is zero tolerance for sexual misconduct of any form. Most importantly, this signals to victims and survivors that it is neither futile nor dangerous to report allegations of sexual exploitation, abuse or harassment and that the Organization will do its utmost to support them and punish perpetrators. Transparency and accountability build trust within the workforce and among all external stakeholders, allowing WHO to progress in its public health mandate with an untarnished reputation.

2.1.2 HOW

WHO will be accountable and responsible for transparency at multiple levels:

1. all members of the workforce in their individual capacity
2. managers and leaders, in addition to being responsible for acting in their individual capacity (see above), are accountable for acting as role models, setting expectations, creating a supportive environment for others and for implementing preventive and response actions in their areas of responsibility.
3. the Organization is accountable for managing policies, procedures, and systems for accountability.

2.1.3 WHAT

The following activities are prioritized to support and enhance transparency and accountability.

1. Regularly update websites and dashboards that provide information on key sexual misconduct prevention and response measures, including information on allegations and disciplinary actions in line with the sexual misconduct accountability framework.
2. Engage in regular internal and external stakeholder meetings, consultations, perception surveys with personnel, Member State actors (government and civil society), UN and humanitarian partners in order to receive feedback on their perception of WHO's accountability and transparency and ways to further strengthen measures.
3. Encourage and fully participate in external systemic reviews by, for example, Core Humanitarian Standard Alliance, Multilateral Organization Performance Assessment Network (MOPAN), WHO Independent Oversight Advisory Committee (IEOAC), UN Joint Inspection Unit and so on.
4. Make discussions on individual and (if applicable) managerial accountability for sexual misconduct prevention and response part of institutional performance management processes and systems.
5. Participate in UN (IASC) and humanitarian sector initiatives that aim to enhance accountability, transparency and information sharing of sexual misconduct prevention and response.



2.2 Embed a victim- and survivor-centred approach across the safeguarding cycle

2.2.1 WHY

A victim- and survivor-centred approach places the rights, needs, safety, dignity and well-being of the victim/survivor at the centre of all preventative and responsive measures concerning sexual exploitation, sexual abuse and sexual harassment. Adopting a victim- and survivor-centred approach is essential if WHO is to better fulfil its responsibilities and accountabilities towards victims and survivors of sexual misconduct perpetrated by members of its workforce.

While development and humanitarian agencies have made commitments to adopt a victim- and survivor-centred approach, meaningful implementation of this has been challenging. An Inter-Agency Standing Committee (IASC) External review (7) in 2021 concluded that the IASC agencies as a collective were not able to provide evidence that they were working to develop or have a joint victim-centred approach, and that they did not have a joint policy or standards. The review highlighted that there is no shared understanding of what fulfilling the existing commitments to a victim-centred approach means in practice for IASC agencies globally and at the country level.

The UN Protocol on the Provision of Assistance to victims of sexual exploitation and abuse (8) describes a common set of norms and standards, based on existing frameworks, to strengthen a coordinated, system-wide approach to the provision of assistance and support, which prioritizes the rights and dignity of victims, regardless of the affiliation of the alleged perpetrator. WHO's Clinical Guidelines on responding to violence against women (9) provide evidence-based approaches for the provision of related services for survivors and victims of all forms of gender-based violence.

While a victim- and survivor-centred approach logically aligns with a comprehensive “do no harm” approach, current practice across many agencies tends to focus on the reporting of and response to sexual misconduct. WHO is committed to putting in place a more comprehensive victim- and survivor-centred approach with the intention of including a victim and survivor-centred perspective in all stages of the safeguarding cycle. This means a victim- and survivor-centred approach is used not only when reporting and responding to allegations of sexual misconduct, but also when identifying risks, designing and implementing prevention measures and learning from processes.

2.2.2 HOW

WHO's adoption of a victim- and survivor-centred approach will:

1. be applied both to sexual exploitation and abuse of populations WHO serves, and to sexual harassment that occurs within the workforce
2. integrate a victim- and survivor-centred approach into all stages of the safeguarding cycle (assessment of SEAH risks; design and implementation of measures for prevention and mitigation of risks; safe and accessible victim support mechanisms; reporting mechanisms and trauma-informed investigations; appropriate response actions involving protection from retaliation and disciplinary measures; continuous learning and strengthening of the cycle)
3. institutionalize a victim- and survivor-centred approach across the Organization's policies and ensure that resources are aligned to deliver on promises
4. update and advocate for the use of evidence-based WHO and UN guidelines and standards with a victim- and survivor-centred approach.

2.2.3 WHAT

In order to embed a victim- and survivor-centred approach throughout the safeguarding cycle the following activities will be prioritized.

1. Champion close collaboration with the UN Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA), the UN Office of the Victims' Rights Advocate (OVRA), the IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment and relevant working groups in order to ensure that a meaningful victim- and survivor-centred approach is achieved, that risk communication and community engagement of at-risk populations is strengthened, and that communities are better involved in identifying sexual exploitation and abuse risks and determining preventive and mitigating actions.
2. Establish and implement a WHO victim and survivor support function that coordinates holistic support to survivors across the three levels of the Organization, manages disbursements and the regular replenishment of the Director General's Survivor Assistance Fund (SAF), and coordinates activities with other UN actors (including the UN Trust Fund in Support of Victims of Sexual Exploitation and Abuse).
3. Help fill knowledge and systemic gaps that hinder an efficient victim- and survivor-centred approach by strengthening front-line gender-based violence case management capacity, including forensic capacity and the establishment of safe forums for discussing a victim- and survivor-centred approach and ensure continuous learning of the workforce on how to implement such an approach.
4. Further strengthen the survivor-centred investigation process at WHO with clear standards for providing timely feedback to victims and survivors of sexual misconduct.
5. Create mechanisms for eliciting feedback from victims and survivors, their representatives, and relevant civil society organizations, on the services provided, and on inputs to further strengthen WHO's work on Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH).



2.3 Institutionalize safeguarding from sexual misconduct in all relevant policies, procedures, and practices

2.3.1 WHY

Policies express an organization's values and principles, set standards for the behaviour of the workforce, and determine the course of action in case of policy infringements in their area of application. Policies are not static, their mere existence does not ensure policy compliance, and they are interdependent on other evolving policies. Accordingly, the institutionalization of safeguarding from sexual misconduct in relevant policies is not a one-off task, but a constant and proactive process.

2.3.2 HOW

In 2022, WHO developed an entirely new policy on Preventing and Addressing Sexual Misconduct, which forms the centre of a policy framework that demonstrates the Organization's commitment to zero tolerance for any form of sexual misconduct by its workforce and partners. Inconsistencies and grey areas in existing policies were addressed. An entirely new policy on Preventing and Addressing Retaliation and an overhaul of the 2021 policy on Preventing and Addressing Abusive Conduct will accompany the introduction of the WHO Policy for Preventing and Addressing Sexual Misconduct. In parallel, the current WHO Code of Ethics and Professional Conduct will be overhauled and will be "given teeth" by defining the consequences of non-compliance with the principles of such a code.

Further work will be required to develop a new investigation policy, which is attuned to a victim- and survivor-centred approach and trauma-informed methods. However, creating a framework of cross-linked and cross-referenced policies is only the beginning. Accompanying implementation guidance and tools, end-to-end processes, and structural adjustments to existing divisions of labour and workflows all form part of the policy adjustments that are to be accomplished. Standard operating procedures and audience-specific tools, guidance and training are to be developed. Geographical and linguistic challenges need to be overcome and technology needs to be used to reduce barriers to accessing timely and accurate information and implementation guidance.

Institutional learning from the monitoring of policy implementation and policy impact requires constant evolution and enhancement of the policy framework and related guidance. Aligning and sharing this monitoring and improvement process with the UN system will be part of the implementation of policies in the Three-Year Strategy.

WHO will take a three-pronged approach to building a strong policy framework, which ensures that all related WHO policies, procedures and practices support and promote safeguarding against all forms of sexual misconduct. WHO will:

1. integrate safeguarding from sexual misconduct into all relevant WHO policies
2. increase access to policies using tools, capacity development, and technology
3. work with the UN and internal and external stakeholders to ensure WHO's policies are clear and impactful (as confirmed by monitoring of policy implementation).

2.3.3 WHAT

In order to ensure a robust and constantly evolving policy framework for safeguarding from all forms of sexual misconduct, the following activities are prioritized.

1. Review all relevant policies to make them consistent with the WHO Policy for preventing and addressing sexual misconduct,
2. Develop implementation guidance, tools and checklists and regularly review and update related standard operating procedures, including for the recruitment and background checks of workforce members,
3. Develop and use a monitoring framework for policy implementation and regular policy/guidance updates,
4. Communicate widely to build the capacity of all personnel, partners, and managers to implement policy and adhere to procedures,
5. Cooperate closely with the UN and international and national development actors in order to facilitate information exchange on alleged and confirmed incidents of sexual misconduct perpetrated by job applicants or other potential collaborators.



2.4 Ignite and sustain cultural change across the Organization

2.4.1 WHY

Organizational culture is what determines the expressed and hidden social norms that can enable or disrupt the vicious cycle of abuse of power that underpins all forms of sexual misconduct. Without addressing culture head-on, WHO will not be able to address sexual misconduct. Culture includes values, norms and behaviours that are encouraged, discouraged, and tolerated. Organizational culture change does not stop at the individual behaviour level but is driven by structural factors – the lack of gender parity and gender equity, inadequate attention to diversity, equity and inclusion, contract insecurity, and others.

2.4.2 HOW

In late 2022, WHO commissioned an external diagnosis of organizational culture with a focus on the prevalent leadership culture in WHO and the impact of the organizational culture on sexual misconduct incidents in the workforce. The findings will feed into the development and implementation of a series of actions designed to consciously shape an organizational culture that creates an environment that nourishes ethical behaviour, promotes integrity, prevents any form of sexual misconduct, and acts swiftly when transgressions occur. A shift in culture has the power to ignite and sustain a zero tolerance culture across all levels and locations of the Organization.

2.4.3 WHAT

In order to ensure the strengthening of an organizational culture that enables a shift towards zero tolerance for sexual misconduct and for inaction against it, WHO will prioritize the following activities:

1. Develop a culture change plan and socialize it across the Organization.
2. Address structural barriers such as gender inequity, lack of diversity, equity and inclusion, and human resource management practices that create unchecked power differentials.
3. Create and sustain safe spaces for dialogue with personnel, managers, and leaders on culture change.
4. Build the capacity of personnel to facilitate culture change including the provision of clinics for managers and leaders.
5. Conduct regular perception surveys and other forms of engagement with the workforce to assess the impact of culture change interventions and to course correct as needed.



2.5 Prioritize high-risk situations – emergencies and other community-facing operations

2.5.1 WHY

While sexual misconduct can happen anywhere, the risk is substantially higher in emergency response and other community-facing operations. This can be partly attributed to the inherent, underlying vulnerabilities of at-risk populations being exacerbated and previously income and support systems being lost through events. However, increased risks are also generated by operations themselves. Humanitarian and health emergency operations, as well as development programmes such as those for polio eradication and vaccination programmes, often generate a massive and rapid scale-up of mobile personnel deployed with relatively low levels of supervision or recruited with minimal background checks. WHO also often has to rely on implementing partners, which may not have the policies and systems in place to effectively mitigate risks of sexual misconduct in their respective workforces. Operations can also create temporary cash economies that enhance power imbalances between those who have access to cash (personnel and day labour) and those who do not.

2.5.2 HOW

WHO will take a risk-based approach and will prioritize sexual misconduct preventive work in health emergency responses, work in humanitarian crises, as well as in development programmes (including but not limited to the polio eradication programme and other large vaccination campaigns) at the community level that involve influxes of personnel or require work through implementing partners.

2.5.3 WHAT

To ensure safeguarding from sexual misconduct in high-risk situations, WHO will prioritize the following activities:

1. Work with the WHO Health Emergencies Programme, the Global Polio Eradication programme, and other community-facing operations to strengthen sexual misconduct preventive protocols and support ad-hoc capacity-building measures in settings that require a quick scale-up of locally recruited workers.
2. Deploy full-time PRSEAH experts in high-priority countries.
3. Work under the leadership of the UN Resident or Humanitarian Coordinator (or the IASC) and contribute proactively to joint system-wide action for PRSEAH.
4. Implement the PRSEAH commitments in the Emergency Response Framework.
5. Operationalize the UN Protocol on allegations of sexual exploitation and abuse involving implementing partners (10) and share partner capacity assessment data through the UN Partner Portal.



2.6 Strengthen systems to identify and manage the risk of sexual misconduct

2.6.1 WHY

Sexual misconduct violates human rights and threatens WHO's commitment to the principle of do-no-harm vis-à-vis people the Organization serves and the members of its own workforce. Sexual misconduct shatters the trust placed in the Organization and the commitment towards internal and external stakeholders to uphold zero tolerance for all forms of sexual misconduct. Furthermore, if WHO is perceived as an organization that does not act on the sexual misconduct of its workforce and implementing partners, the Organization would lose the trust and moral authority to deliver on its public health mandate. If this happened, donors may be hesitant or unwilling to financially support WHO to deliver on its mission.

2.6.2 HOW

Having integrated sexual misconduct risk in our corporate risk register in 2022 as a principal risk, and building on the new sexual misconduct risk assessment tool, WHO will continue to identify and manage the risks of sexual misconduct in all offices and – with special attention – in all emergency settings and community-facing programmes.

2.6.3 WHAT

WHO will prioritize the following activities to ensure that it uses a robust risk management approach to safeguard from sexual misconduct.

1. Require all heads of WHO country offices, regional offices, and WHO headquarters programmes to complete the annual sexual misconduct risk assessment and management exercise as part of their compulsory compliance activities, and integrate sexual misconduct risk assessment data in corporate risk management and monitoring mechanisms.
2. Develop tools and templates to support the development of risk mitigation plans at the country level, that are adaptable to country settings.
3. Develop and deploy a risk assessment tool for global and regional technical programmes in order to assess and mitigate sexual misconduct risks in the workplace and by external collaborators, such as external experts, advisors, networks, non-state actors and collaborating centres.
4. Conduct risk management trainings and other capacity-building activities across the Organization.
5. Work with the UN and other international actors on the exchange of data to better assess baseline risk for sexual misconduct in different country settings or emergency contexts and to implement joint mitigation measures.



2.7 Build capacity and expertise for preventing of and responding to sexual misconduct

2.7.1 WHY

Preventing and responding to sexual misconduct is a relatively new area of work that requires additional expertise at WHO. While some aspects can be left to dedicated personnel, the entire workforce requires sensitization: changes in attitude, knowledge and skills will contribute to a culture of zero tolerance for sexual misconduct and create the accountability required for achieving this goal. The global network of PRSEAH focal points established across the Organization requires targeted capacity strengthening, as do managers and leaders. WHO struggles to find PRSEAH experts to hire as full-time staff to deploy to the many Grade 2 and 3 emergencies the Organization is leading; this is a system-wide challenge faced by the UN and humanitarian actors.

2.7.2 HOW

WHO advocates for a continuous or life-long learning approach for its workforce that meets the requirements of adult learners. In addition to ensuring that all personnel complete UN-wide learning and training requirements, WHO will invest in agency-specific continuous learning for PRSEAH. In addition, it will collaborate closely with and support UN and humanitarian system-wide efforts to establish pools of global experts for deployment into health emergency response.

2.7.3 WHAT

In order to ensure it builds sufficient capacity in its workforce, and especially among its leaders and managers, WHO will prioritize the following activities.

1. Assign training and track compliance of all personnel for mandatory training on preventing and responding to sexual misconduct.
2. Implement blended learning pathways for the global network of PRSEAH focal points, WHO heads of country offices, and managers and leaders, and conduct regular regional and global level workshops, including for review of best practices.
3. Integrate learning on PRSEAH into the workplans of the performance management system for all personnel.
4. Work with partners across the UN and development and humanitarian sectors to agree on learning requirements and competencies of PRSEAH specialists, and contribute to the professionalisation of this function across the international aid sector.
5. Develop and support a global pool of multidisciplinary experts and service providers for different aspects of PRSEAH work: risk assessment, training and learning, management of implementing partners, deployment into emergency operations.



2.8 Fully implement the end-to-end sexual misconduct incident management system

2.8.1 WHY

Although WHO prioritizes investment in the prevention of sexual misconduct, the Organization has an abiding obligation to act swiftly, predictably and with a victim and survivor-centred approach as soon as a sexual misconduct concern is raised, or a report is made.

To facilitate this, reporting channels must be clear, easily accessible and understood by all parties concerned. Once the process is triggered by an allegation or concern of sexual misconduct, interventions by the Organization must be orchestrated under a single framework that is seamless, predictable, and meets pre-defined standards.

The central driver at all times must be the interest and well-being of the alleged victim; clear communication must be maintained with all parties, and due process upheld. Only an incident management system that is perceived to be swift, fair, and effective can meaningfully support justice processes and address the well-being of alleged victims and perpetrators.

2.8.2 HOW

Following the Independent Commission report (11), WHO has made a set of urgent, sometimes temporary, adjustments to the systems and services in charge of sexual misconduct incident management. The reporting and sexual misconduct investigation functions in particular were improved substantially, and the investigative backlog was eliminated.

However, although these improvements have helped build trust among the workforce and other stakeholders, the sexual misconduct management system still needs a deep think-through and overhaul.

For this, all relevant units and actors need to be brought together and a single pathway and standards for the sexual misconduct management system agreed. Once agreed, its implementation needs to be monitored scrupulously and feedback from alleged victims and perpetrators integrated through continuous management process improvements.

2.8.3 WHAT

In order to fully implement an end-to-end sexual misconduct incident management system, WHO will prioritize the following activities.

1. Map out and agree on the functions required for implementation of a confidential end-to-end sexual misconduct incident management system, establish a clear division of labour among the different departments and service providers (for investigation, victim survivor support and disciplinary action) in order to intervene in an orchestrated manner, set timelines, procedures, standards, and communication protocols for communication.
2. Reduce further barriers to reporting and improve the way in which sexual misconduct events can become known to the Organization.
3. Roll out an effective incident tracking system that follows incidents from initial entry points through to disciplinary actions in one place.
4. Ensure WHO always has access to the relevant expertise to ensure fair, swift, and comprehensive management of sexual misconduct cases, involving mandatory continued professional development for all personnel intervening in the sexual misconduct incident management system.
5. Communicate transparently anonymized information on the intake, progress, and results of the sexual misconduct incident management system.



2.9 System-wide action with UN and humanitarian stakeholders, governments and civil society

2.9.1 WHY

Tackling sexual misconduct is a complex, system-wide challenge and so requires a system-wide approach and close collaboration with many stakeholders. WHO must play its role as part of the UN development and humanitarian systems and acknowledge that any form of sexual misconduct by any agency or one of its implementing partners will reflect on the entire international aid system. The prevention of and response to sexual exploitation, abuse and harassment is based on UN and IASC standards and requires collaboration amongst the key agencies to make sure actions are aligned and effective.

Accountability for the protection of host populations from sexual exploitation and abuse (PSEA) by UN and UN-related actors at the country level is with the UN Resident or Humanitarian Coordinator. WHO, through the heads of country offices, is a member of the respective UN or Humanitarian Country Team and is required to play an active part in the PSEA network of the respective country.

In addition, there are many PRSEAH actions that can and should be delivered in collaboration with UN and IASC partners – joint awareness raising and training for response personnel, implementing partners and communities, setting up safe and accessible community-based complaint mechanisms, operation of national complaints hotlines, and mapping and making services available for victims and survivors in-country.

Collaboration with host governments is an essential part of addressing sexual exploitation, abuse, and harassment. Governments are often WHO's implementing partners, but common approaches for tackling sexual misconduct committed by the host government workforce under a WHO operation need to be significantly strengthened. WHO needs stronger collaboration with civil society, nongovernmental organizations, and formal or informal networks that can support the work of preventing and responding to sexual exploitation and abuse and provide feedback from at-risk communities as well as victims and survivors.

2.9.2 HOW

WHO will continue to strengthen the collaboration with the UN and humanitarian systems at the global, regional, and country levels and prioritize the engagement of governments and civil society. It will work closely with the Office of the Special Coordinator on improving UN response to sexual exploitation and abuse (OSCSEA), the Office of the Victims' Rights Advocate (OVRA), and UN agencies and nongovernmental organizations. WHO will continue to support the UN-wide efforts at transparency, reporting, and information-sharing, and for developing a new framework for engaging governments. At the country level, our heads of country offices will be active contributors to the UN Country Team/Humanitarian Country Team efforts for PSEA and a champion of joint work.

2.9.3 WHAT

WHO will prioritize the following activities to ensure that WHO has the workforce, leaders, and managers with the required capacity in place.

1. Contribute to resourcing the pool of inter-agency PSEA coordinators and support their capacity building.
2. Work with the UN/IASC on strengthening the victim- and survivor-centred approach.
3. Provide concrete guidance to all WHO heads of country offices on strengthened collaboration with the UNCT/Humanitarian Country Team.
4. Convene consultations with government counterparts on joint measures for PRSEAH.
5. Engagement of civil society and national counterparts on safeguarding.



2.10 Develop and implement systems for monitoring and evaluation and course correction

2.10.1 WHY

A strategy is basically a set of assumptions and choices made to reach a vision – the institutionalization of changes across WHO for achieving and sustaining zero tolerance for any form of sexual misconduct by the Organization’s workforce and its implementing partners.

Such a strategy, and its annual implementation plans, require a strong monitoring and evaluation framework to provide continuous feedback on the assumptions made and approaches taken. The monitoring and evaluation framework will indicate the Organization and its stakeholders if progress is on track and thereby enables staff and leadership to learn from experiences and course correct regularly. A robust monitoring and evaluation framework is a tool for managing the rollout of the strategy and allowing for learning from experiences and feedback from all those concerned. It is part of the transparency and accountability work to which this strategy commits.

2.10.2 HOW

WHO will:

1. measure both internal and external standards by
 - b. developing a monitoring framework for this strategy using a log frame approach to assess the achievement of core actions in each of the 10 priority areas (50 actions) at the appropriate level of the Organization
 - c. measuring progress for global standards (Organisation for Economic Cooperation and Development/Development Assistance Committee) which are articulated in the Multilateral Organization Performance Assessment Network (MOPAN) indicators.
2. invite both internal and external scrutiny for progress, and
3. conduct periodic learning back and course correction with internal and external stakeholders.

2.10.3 WHAT

WHO will prioritize the following activities to ensure that strategy implementation is guided and supported by a meaningful monitoring and evaluation plan:

1. Develop and implementing a monitoring and evaluation framework for the theory of change proposed in this strategy.
2. Obtain agreement on and roll out key performance indicators.
3. Develop a plan for the collection and communication of monitoring and evaluation data and reports internally and externally.
4. Establish regular lessons learned exercises – after-action reviews in health emergencies, simulation exercises, and annual best practice reviews which all contribute to the development of follow-up annual implementation plans.
5. Conduct at least one external evaluation exercise with a competent service provider.

Summary

The Three-Year Strategy is the Organization’s framework for institutionalizing zero tolerance for all forms of sexual misconduct – sexual exploitation, sexual abuse, sexual harassment and sexual violence. It attempts to ensure that our personnel and implementing partners do no harm to the people we serve or the people we serve alongside with, and shifts the Organization to a stronger victim- and survivor-centred approach.

Although WHO made good progress in this area in 2022, this Strategy acknowledges that the Organization has a long and hard journey ahead: while the scope of work on the prevention of and response to sexual misconduct is broad, the sphere of control we exert is limited.

Fig. 2 below illustrates that as we climb the ladder of responsibility, the sphere of control decreases. However, WHO will harness its convening power, its relationships with national governments, UN partners and civil society to work together for system-wide changes to achieve and sustain zero tolerance for all forms of sexual misconduct.

At the foundational level, WHO must get our own house in order, doing everything in our power to prevent and mitigate the risk of sexual misconduct and to take swift action whenever it occurs. At the next level, WHO must have binding agreements with its contractors to adhere to the standards we expect from them. As we climb the ladder of responsibility, we must play a proactive role with the UN and IASC for system-wide action. The next level up is how – again together with the UN – manage our implementing partners and hold them to the standards we have set for prevention of and response to sexual misconduct. The highest level requires us to work with governments supporting them as we collaborate in this area of work.

The prevention of and response to sexual misconduct is a core responsibility for the Organization and requires individual personnel, managers and leaders, and the Organization to work towards one single goal of zero tolerance.

This Strategy was developed by the WHO Secretariat and incorporates best practice, lessons learnt across the UN system, and all WHO Member States were consulted in its finalization.

For more information, please contact the WHO Prevention of and Response to Sexual Misconduct (PRS) Department in the Office of the Director-General : PRSEAH@who.int.

FIG. 2 IMPLEMENTING THE LADDER OF RESPONSIBILITY



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