

WHO 2nd Annual PRS Stakeholder Review Conference

The Role of Member States in preventing
and responding to sexual misconduct

World Health Organization

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*Director, prevention and response to Sexual
Misconduct*



#ThoughtPartnership



3-4th December 2024,

InterContinental Hotel, Geneva, Switzerland

- 4th Quarterly PRSEAH Briefing for WHO Member States
- Follow up on WHA 77/42
 - PRS Accountability framework for Member states for *joint MS-WHO work in the health sector*

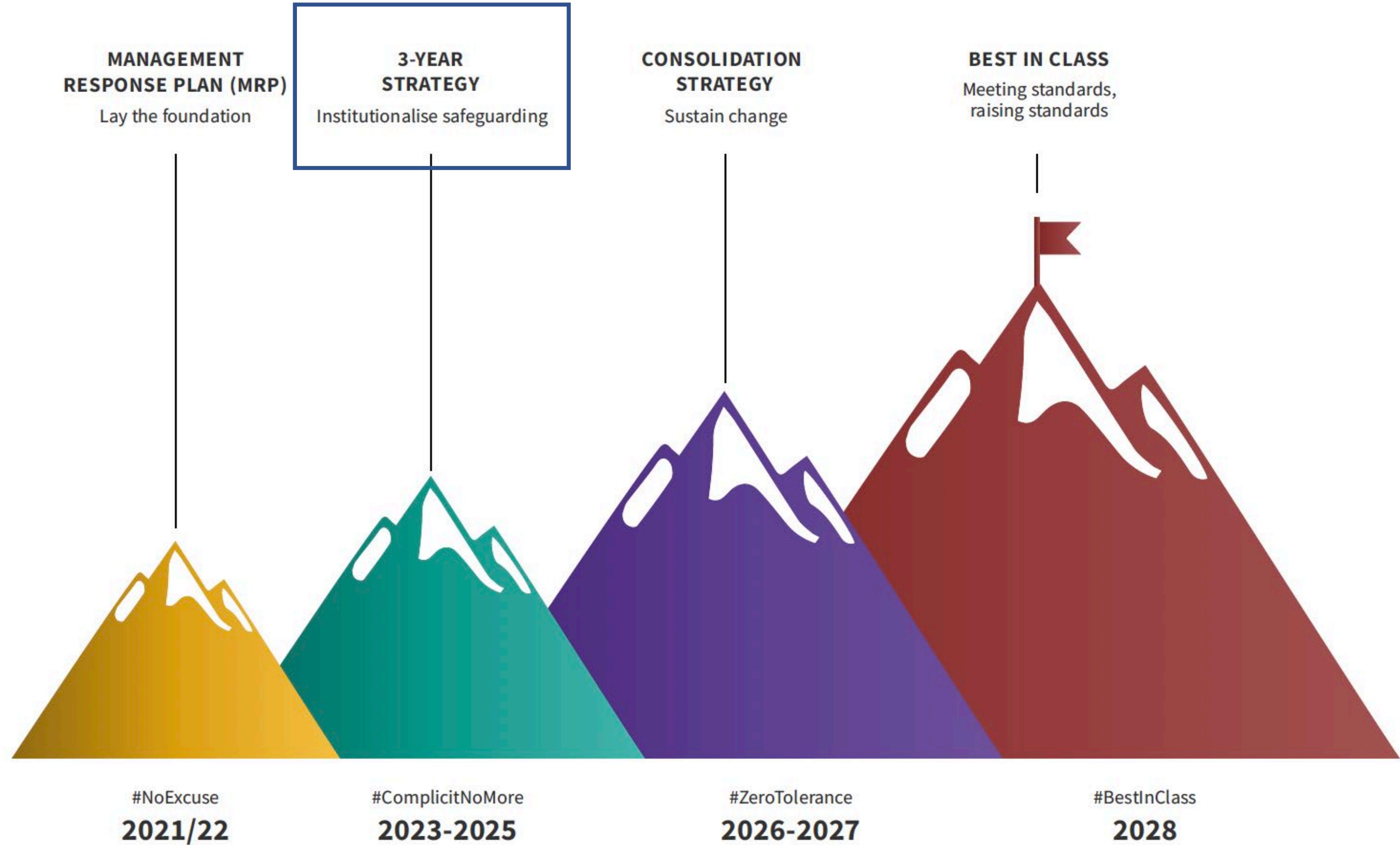


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A large, stylized white hand is shown with the palm facing forward. On the palm, the text "#NoExcuse" is written in a bold, dark blue font. Below the text are two simple curved lines representing fingers or a signature. The background of the slide features faint, dark blue silhouettes of a crowd of people with their hands raised, suggesting a public gathering or protest.

#NoExcuse

THE PATH



Climbing the ladder of responsibility



MS engagement on PRS WHO Governing Bodies

PBAC Report to the 154th session of EB

...requested the Secretariat to, amongst other actions, “elaborate proposals on how joint accountability of the Secretariat and Member States for safeguarding from sexual misconduct in WHO-led operations can be achieved”.



Prevention of sexual exploitation, abuse and harassment

Report of the Programme, Budget and Administration Committee of
the Executive Board to the Seventy-seventh World Health Assembly

WHA 77

...noted this report tasking the Secretariat to “continue to formulate proposed options for...ensuring Member State accountability for safeguarding joint government and WHO operations against sexual misconduct.”

1. **Protect the populations** we serve and our personnel from SEAH/SM by our respective workforces, collaborators, and implementing partners. **Do no harm.**
2. A **minimum starting-point** to safeguard WHO-Member State collaboration from sexual misconduct, and to be strengthened and further developed over time, including with Secretariat support
3. Applies primarily to WHO and Member States' entities **joint work in the health sector**, but can be adopted by other sectors/ministries, in both development and humanitarian settings. **Development and humanitarian**
4. Is **non-binding**, owned by Member States, supported by WHO and aimed at **strengthening institutional capacity for PRS in health sector** work across stakeholders.
5. Is **aligned** to **WHO's PRS** Accountability Framework and with ongoing **UN efforts** for government roles and responsibilities in PRS; and draws on existing international standards and requirements (IP protocol, CAPSEAH, OECD-DAC Recommendations)

Purpose, scope & approach





Focus: Outline and justify the selection of priorities of UN development system support to the country to accelerate progress towards the 2030 Agenda and SDG targets

Annex 5: Programme Management & Accountability in the Cooperation Framework

- (i) adhere to common values on PSEA,
- (ii) take preventative measures against SEA
- (iii) investigate allegations, and
- (iv) take appropriate corrective action when incidents occur, including providing support to victims in accordance with a victim-centred approach

- **13 countries in 2024**
- **40 countries in 2025**

Member State Accountability safeguarding from sexual misconduct – DRAFT Proposal by WHO Director-General to the Executive Board

- ✓ Aligned with UN Clause, but adding SH to SEA
- ✓ Focus on Joint operations between WHO/Health sector and Govt entities
- ✓ Focus on building capacity not compliance
- ✓ Goal: Prevent harm to people during health interventions

2. Training

Sensitization
Training
For personnel & collaborators

1. Policy

Code of conduct, standards of expected behaviour, prevention and response standards



Codification of intent

In WHO-Govt joint work/operations

Mutually reinforcing



Create awareness knowledge & skills



Put the pieces into place for response

3. Incident management capacity

Victim support
Investigation
Disciplinary measures

The Proposed Framework

A77/42



Policy and standards

- A written and agreed policy for the prevention and response to sexual misconduct by own workforce and implementing partners, distinct from or complementary to the existing policies related to the broader issue of gender or gender-based violence.
- Code of Ethics, Code of Conduct and related consequences for not adhering to them.
- Minimum standards and interventions for the prevention and response to sexual misconduct

Workforce capacitation (personnel and collaborators)

- Sensitization and training on policies and standards for personnel
- Sensitization and training on policies and standards for implementing partners and collaborators
- Plans for repeated and sustained learning for workforce
- Special training prior to health emergencies response
- Special training targeted at specialist functions such as investigations, victim/survivor support and skills for managers

Incident management

- Establishing safe and accessible reporting mechanisms and communication to at-risk populations and workforce
- Provision of Victim/survivor-centered support and services regardless of state of investigation
- Transparent mechanisms for holding perpetrators accountable when allegations are substantiated, including administrative actions or referral to local or national judicial systems.

What we have learnt about Cross-cutting Requirements



- ✓ MoH as a path-finder/lead for safeguarding from sexual misconduct for government entities.
- ✓ For joint WHO-Govt activities and operations
- ✓ Adapting to country context. But using universal principles and norms
- ✓ WHO to support with
 1. Standard setting
 2. Tools for self assessment (individual and institutional)
 3. Capacity development support from policy to practice
 4. Align with broader UN requirements



In many countries, the Ministry of Health or its equivalent is **already implementing prevention and response** actions. In others, the MOH is spearheading this work across the government and influencing other ministries.

Examples:

- Jordan
- Malawi
- Syria

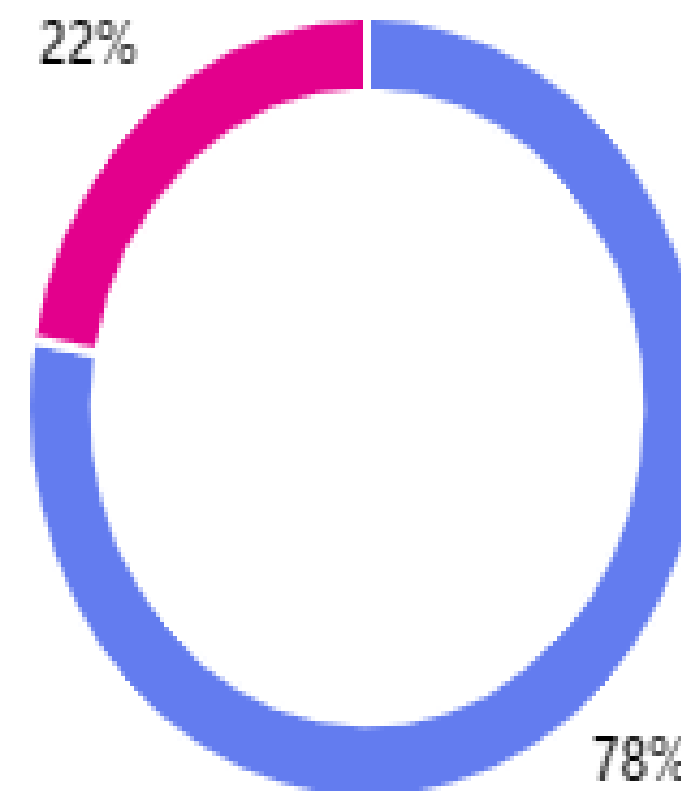
It is already happening !



WHO Heads of Country Offices survey

1. Have you already engaged Member States on the prevention and response to sexual misconduct?

Yes	21
No	6



4. What support has your MoH/ host government entity requested from you for the prevention of or response to sexual misconduct (not GBV)?

[More details](#)

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Responses

Latest Responses

"not applicable"

"training and sensitization of the health personnel and communities"

"- We organise a workshop about SEAH with the participation of MoH focal p..."

...

6 respondents (22%) answered Training for this question.

MoHP and NHTC

prevention and response

government entity

PRS Training

information on PRS

sexual harassment

PRS

Training health office

PRS session

Training of staff

PRS and advocacy

PRS integration

requests for support

Development

sexual misconduct

PRS Sticker

PRS Inserts

PRS Two-Pager



Best practice – Jordan

PRS Introductory Meeting with Government and Implementing Partners

Date & Location: November 9-10, 2024, Dead Sea, Jordan

Participants included representatives from

- the Ministry of Health
- Ministry of Education
- Royal Medical Services,
- implementing partners.

Objectives:

- Introduce WHO's PRS Policy and 3-Year Strategy
- Discuss roles and responsibilities within the WHO accountability framework
- Share success stories and challenges faced by different organizations



Key outcomes and way forward

Key Outcomes:

- Participants shared challenges in responding to sexual misconduct, including lack of resources, turnover of employees, and cultural stigma.
- Emphasis on the need for clear policies, proper investigation procedures, and leadership commitment.

Way Forward:

- Develop a national workplan for joint operations with partners.
- Increase awareness through training and joint campaigns.
- Create a national database of perpetrators.
- Provide specialized training and certification for partners on investigation procedures.
- Enhance survivor services and feedback mechanisms.



Other updates

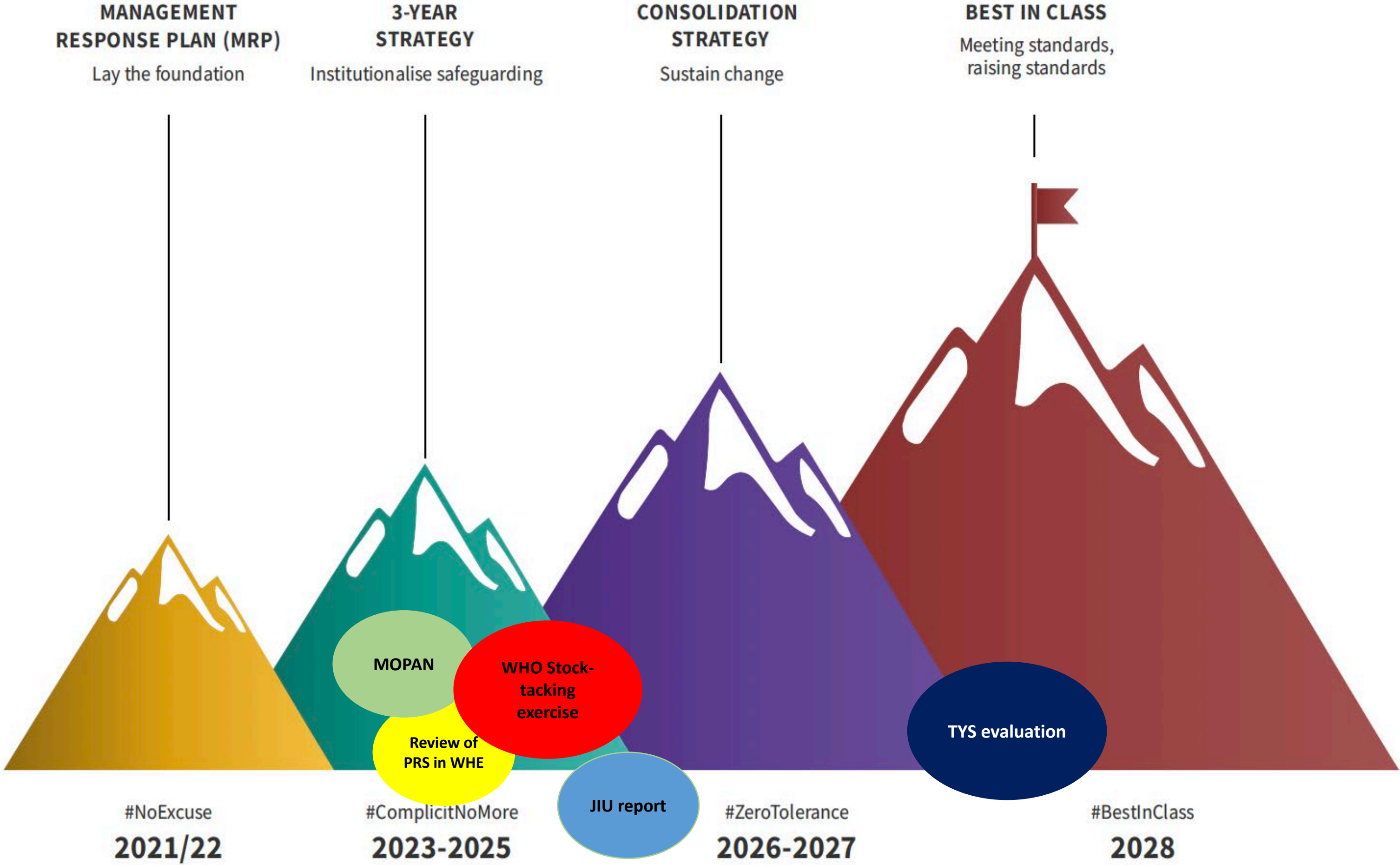
- **Three-year Strategy Progress Tracking**



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Assessing progress





Recommendations

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Member States Dialogue

Lisa Williams, Head of Unit, Gender Equality, Development Co-operation Directorate, OECD



The DAC Recommendation: Six Pillars for Prevention and Response

1

Develop policies and professional conduct standards on SEAH to foster organisational change and leadership.

2

Develop survivor/victim-centred response and support mechanisms.

3

Establish organisational reporting and response systems, with procedures to prevent SEAH.

4

Conduct training, raise awareness and communicate on SEAH.

5

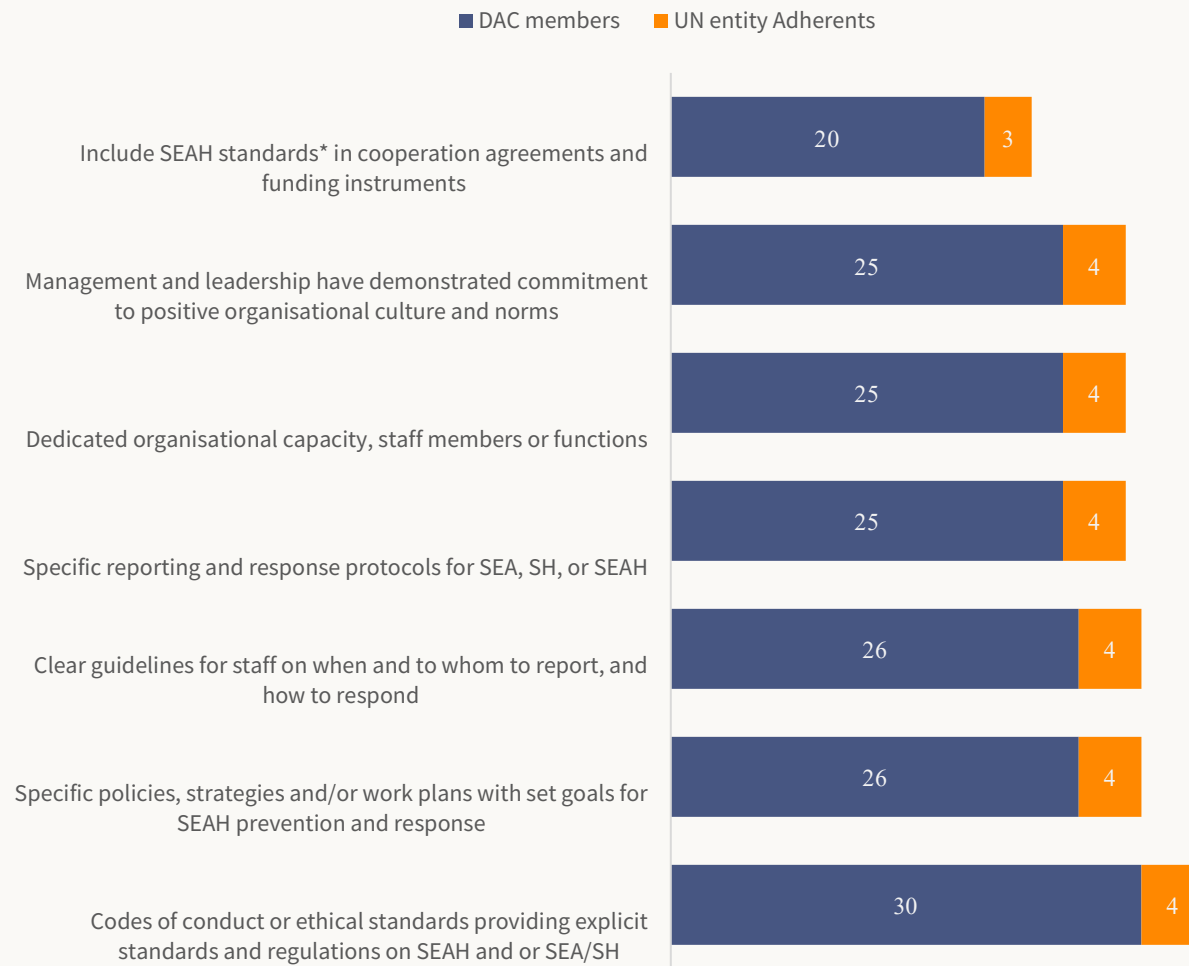
Ensure international coordination for SEAH prevention and response.

6

Develop mechanisms for monitoring, evaluation, shared learning and reporting on SEAH.

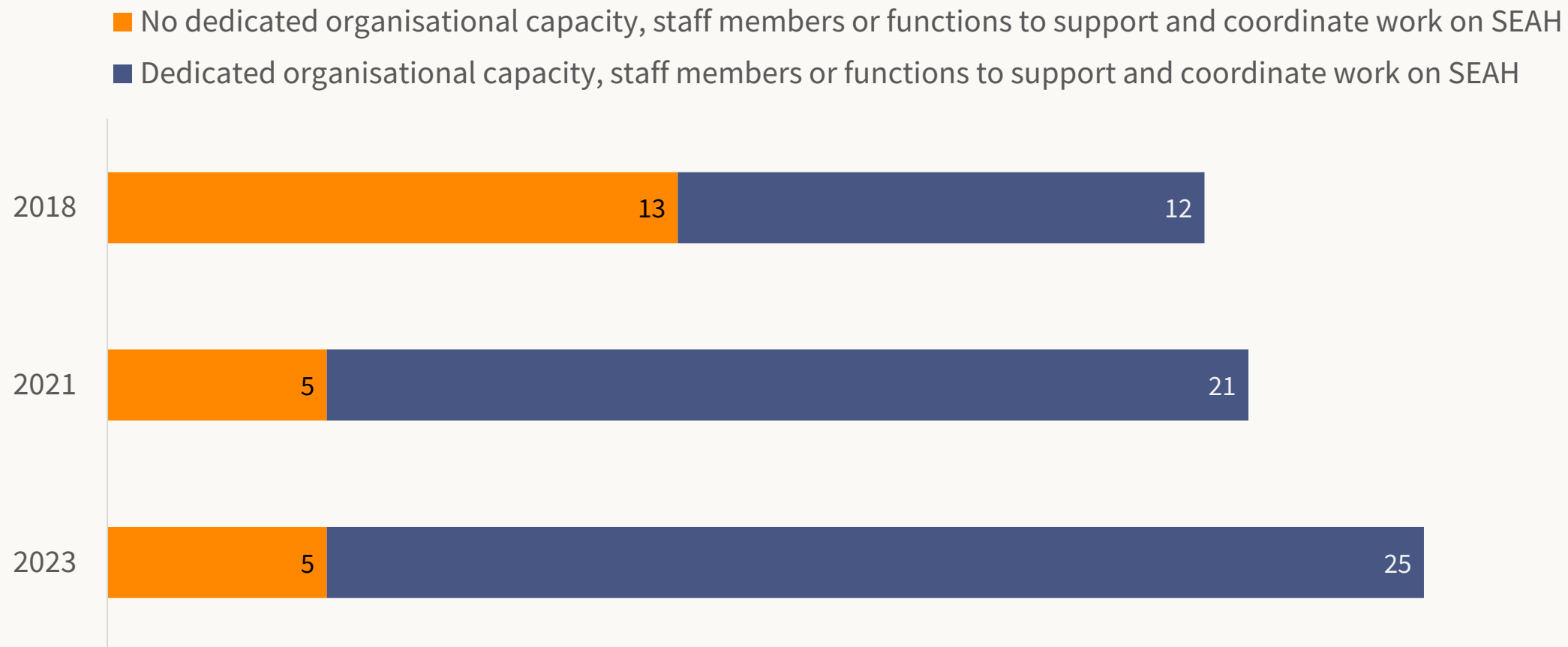
Reporting Five Years Later: Signs of clear progress

- **Increase in SEAH policies and mechanisms**
- **Dedicated resources to capacity building**
- **Improved collaboration between DAC members and implementing partners;**
- **Rise in coordination within and across stakeholders**



Institutional architecture in place to support SEAH prevention and response amongst Adherents, 2023

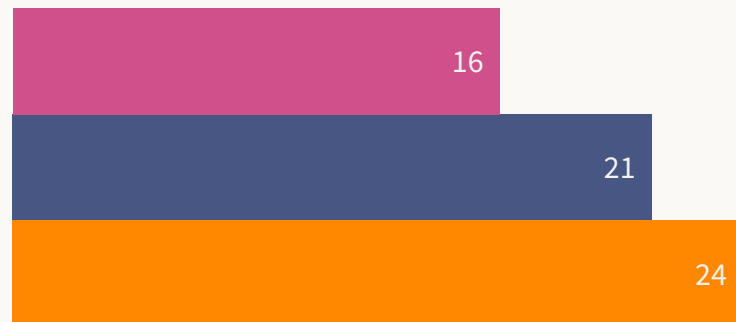
Developments in dedicated capacity for ending SEAH amongst DAC members, 2018-2023



Persistent challenges: Making local engagement real by adapting to country and local contexts

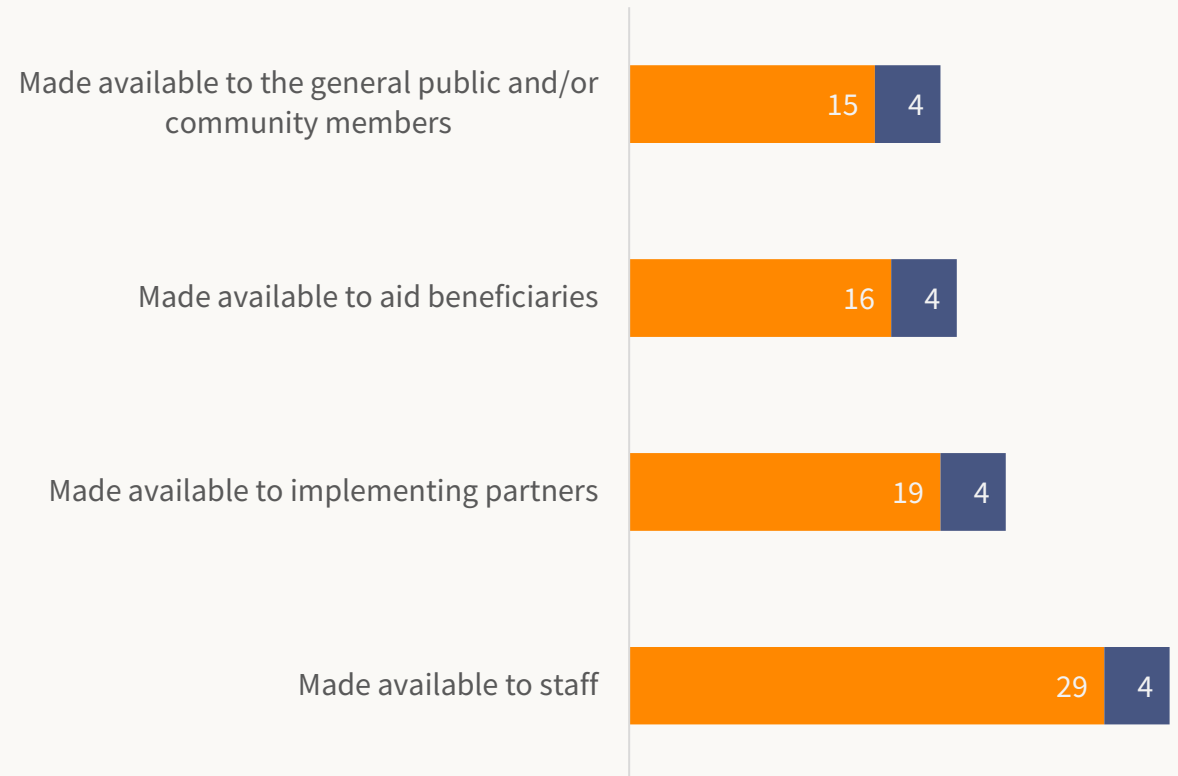
DAC members and 'localisation'

- The institution does not support or include SEA and SH prevention and response capacity development and training of established local, in-country organisations.
- The institution does not provide/support activities with implementing partners, to ensure aid recipients are aware of their rights, available mechanisms and available services.
- The institution does not consult with aid beneficiaries and local populations in the design of SEA and SH response programmes and wider programming.



In 2023, complaints mechanisms are:

■ DAC members ■ UN entity Adherents



Key areas for accelerated action

- a) Integrating SEAH prevention and response across all development and humanitarian programming;
- b) Improving risk mitigation of SEAH across all development, humanitarian, and peace contexts;
- c) Mobilising sustained and adequate financing and resources;
- d) Integrating more coherent efforts across SH and SEA, including consideration of other forms of GBV and stronger coordination within institutions;
- e) Localising the SEAH prevention and response agenda;
- f) Measuring the quality and impact of existing systems; and
- g) Strengthening prevention efforts to stop SEAH from happening.

Developing, strengthening, and accelerating victim/survivor-centred response and support mechanisms

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**CAPSEAH as a tool to help dialogue, action,
resourcing and accountability between
Member States and their partners
UK, FCDO
Peter Taylor**



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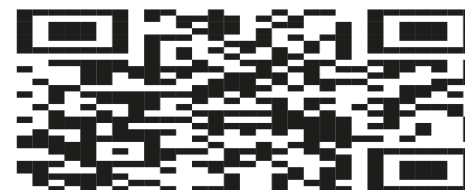
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What is the Common Approach to Protection from SEAH?

- A document **and** online tool which synthesises actions from existing PSEAH standards, policies and practice
- Applies to all settings -humanitarian, development and peace-related- so breaks down silos
- **Short Summary** & Full CAPSEAH printable PDF in multiple languages
 - Collective Vision for Action;
 - Common PSEAH Principles;
 - Minimum Recommended Actions.
- Online tool
 - Practical guidance to help everyone tailor the actions to roles, mandates and size.
 - Tips on how to operationalise the key actions across 5 different and filterable levels: **Individual; International; National; Organisation; Project/Programme.**
 - Links and signposting to further resources throughout.
 - Dialogue section with recent paper on Resourcing showing how only a tiny fraction of total funding is needed.
- Free to use. Will have most impact if organisations make a non-binding, but public endorsement of summary.
- Nearly 200 endorsements since June with wide range of national and international organisations: around 20 MSs
- Organisations also writing it into their core policy documents and processes.



CAPSEAH Principles and Minimum Actions at a glance

Common PSEAH Principles

1. **SEAH is prohibited.**
2. **Zero tolerance for inaction.**
3. **Tailor PSEAH approaches to the context and ensure the approaches are inclusive and victim-survivor centred.**
4. **Embed SEAH prevention as part of working culture.**
5. **Respond appropriately to suspicions, reports and incidents of SEAH.**
6. **Respect confidentiality and protect against retaliation.**

Minimum Actions

1. **POLICIES:** Set, communicate, uphold and implement clear PSEAH policies.
2. **LEADERSHIP:** Prioritise and embed a culture of zero tolerance for inaction.
3. **COMMUNICATION:** Consult, inform and coordinate with communities & partners.
4. **PREVENTION:** Assess SEAH risk and take action to prevent SEAH across all activities
5. **RESPONSE:** Encourage reporting, accountability and a victim-survivor centred approach.
6. **MONITORING:** check if efforts to protect against SEAH are working

CAPSEAH - MAKING IT EASIER TO WORK TOGETHER ON PSEAH

