

Preventing and Responding to Sexual
Misconduct

Update for PBAC41

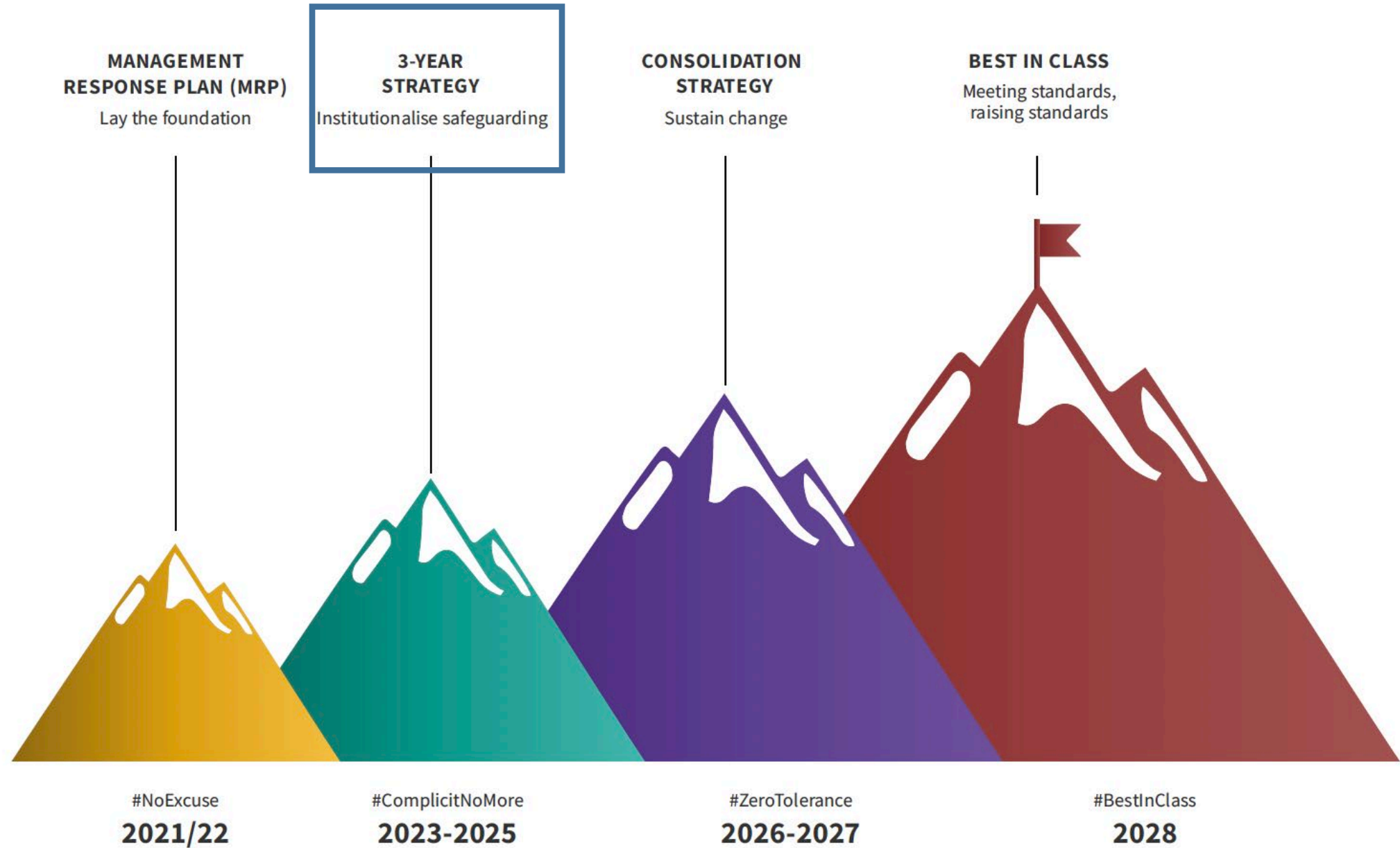
*Dr Gaya Gamhewage, DIR/PRS
Office of the Director-General*



World Health
Organization

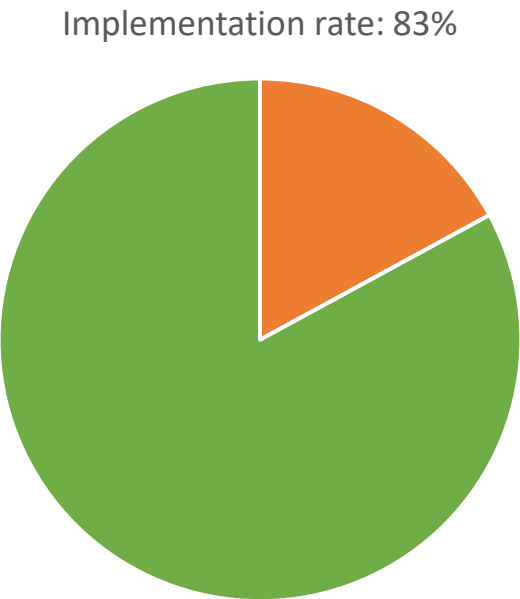
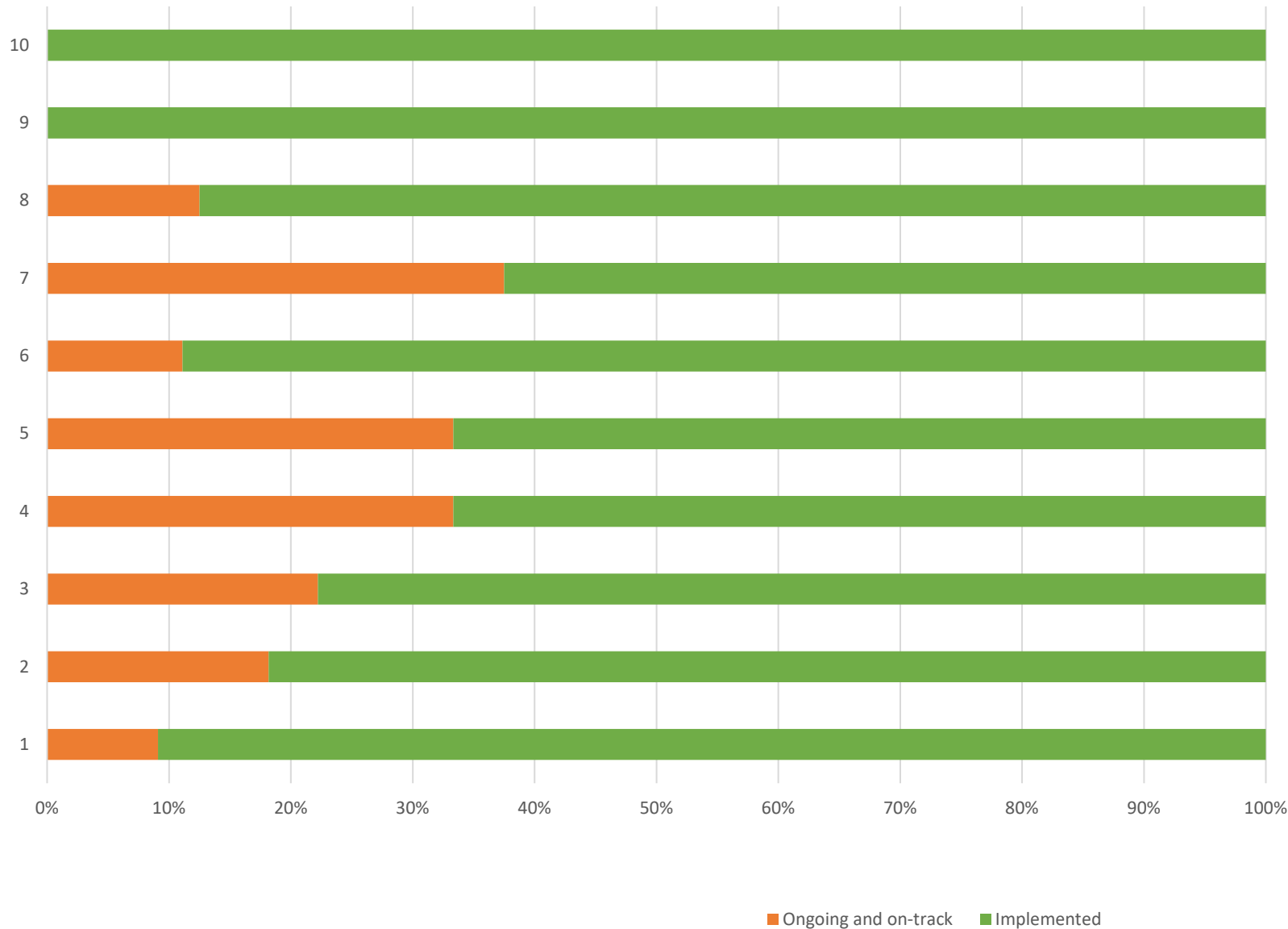


THE PATH



Implementation plan Year 2 as of 31 December 2024

31 December 2024



MOPAN 2024

WHO has made real progress in the last three years strengthening its approach to sexual misconduct. While it remains a work in progress, WHO has put in place the foundations for a strong system.

Main strengths and areas for improvement identified in the MOPAN 2023 assessment

Main strengths

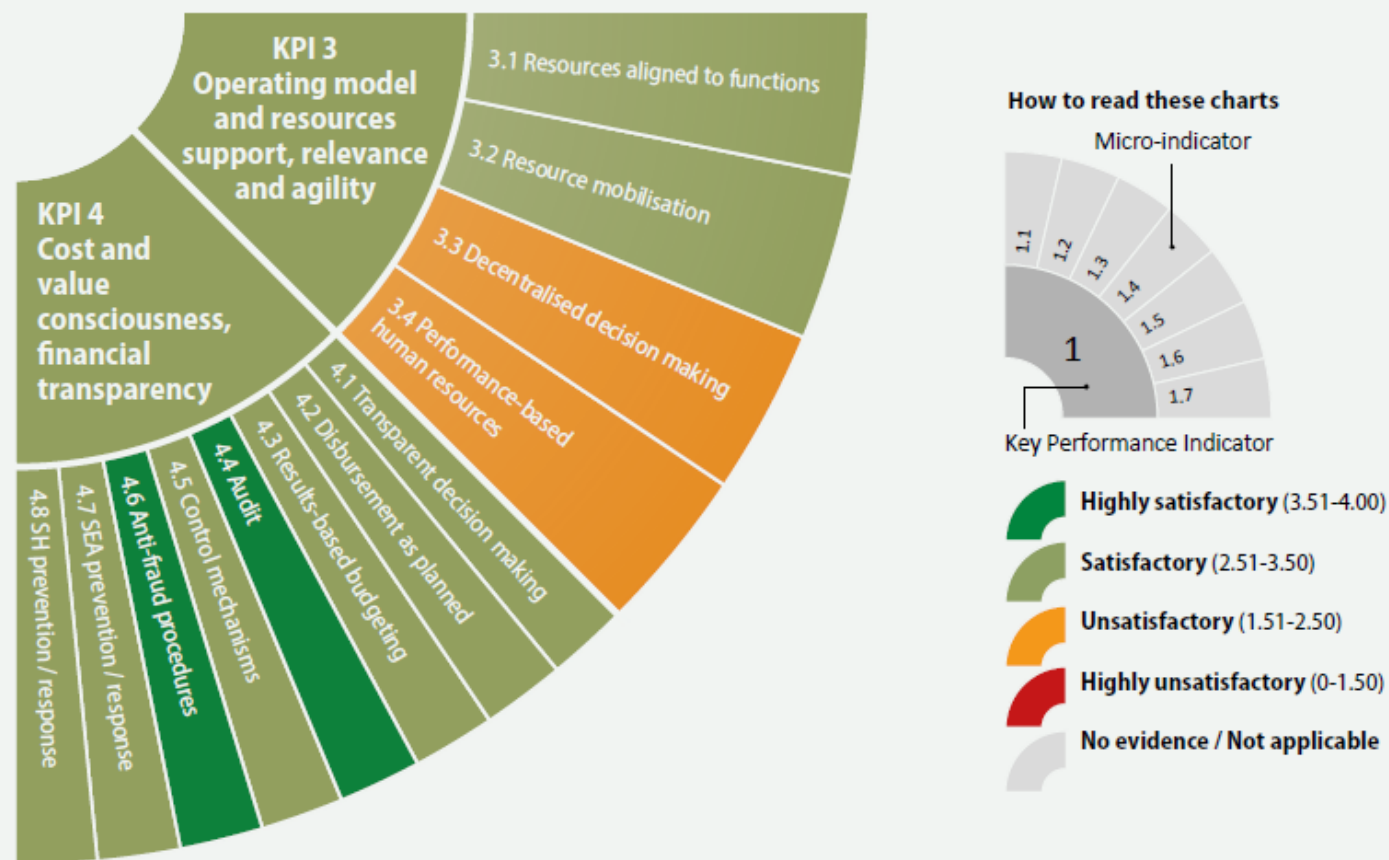
WHO has significantly strengthened its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership.

Areas for improvement

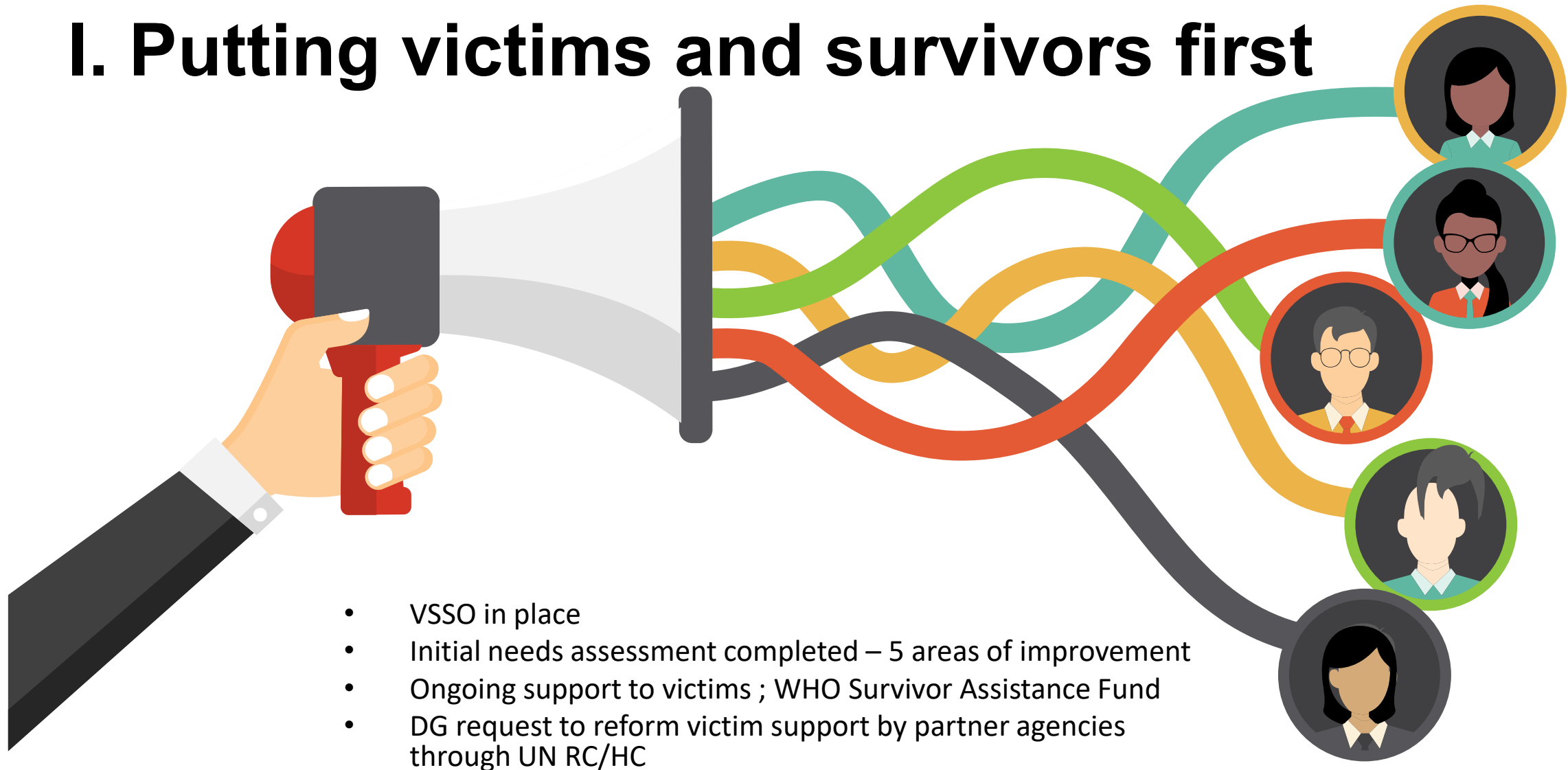
WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result.

OPERATIONAL MANAGEMENT

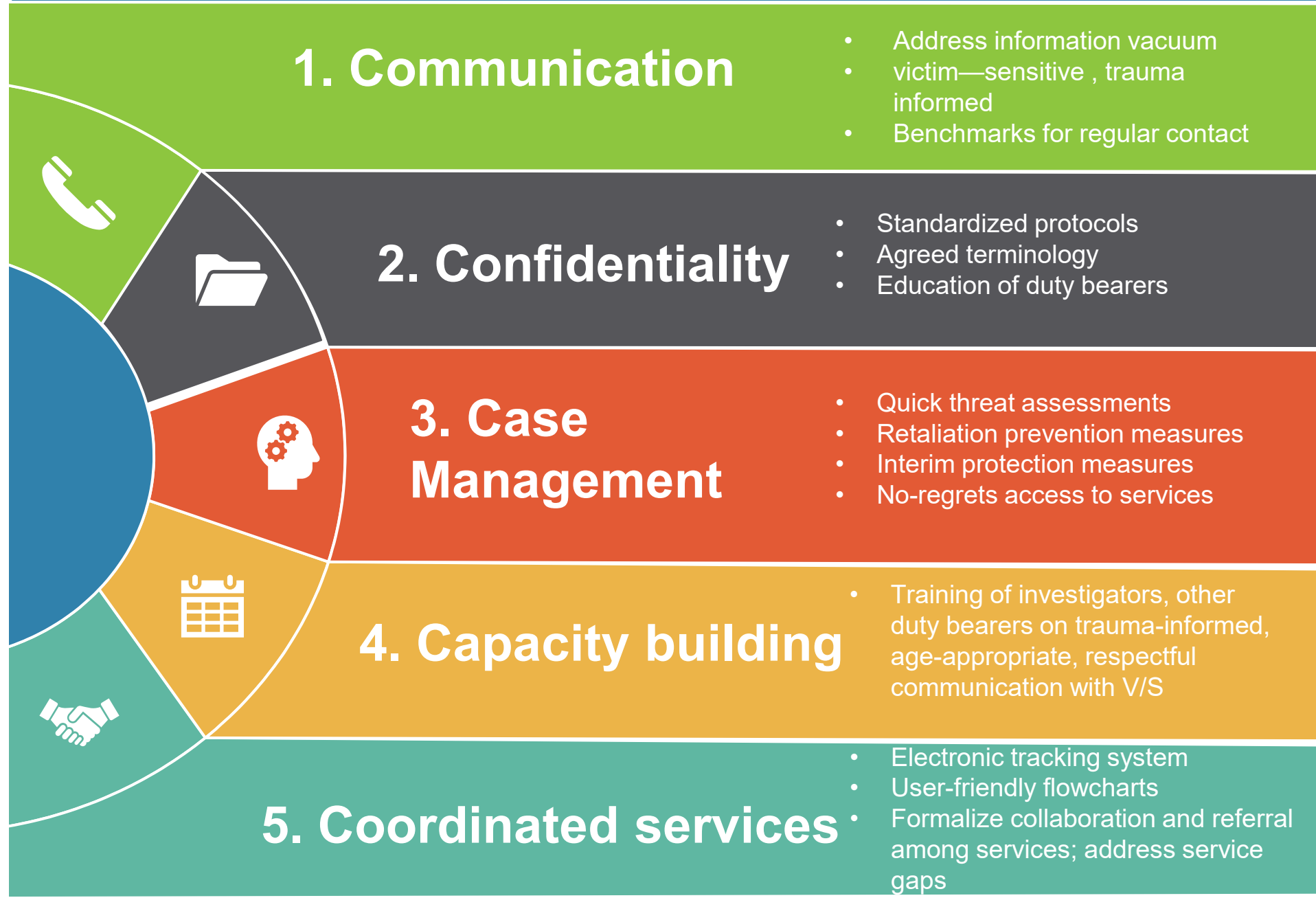
FIGURE 9: WHO'S OPERATIONAL MANAGEMENT (OPERATIONAL EFFECTIVENESS) – KEY FINDINGS



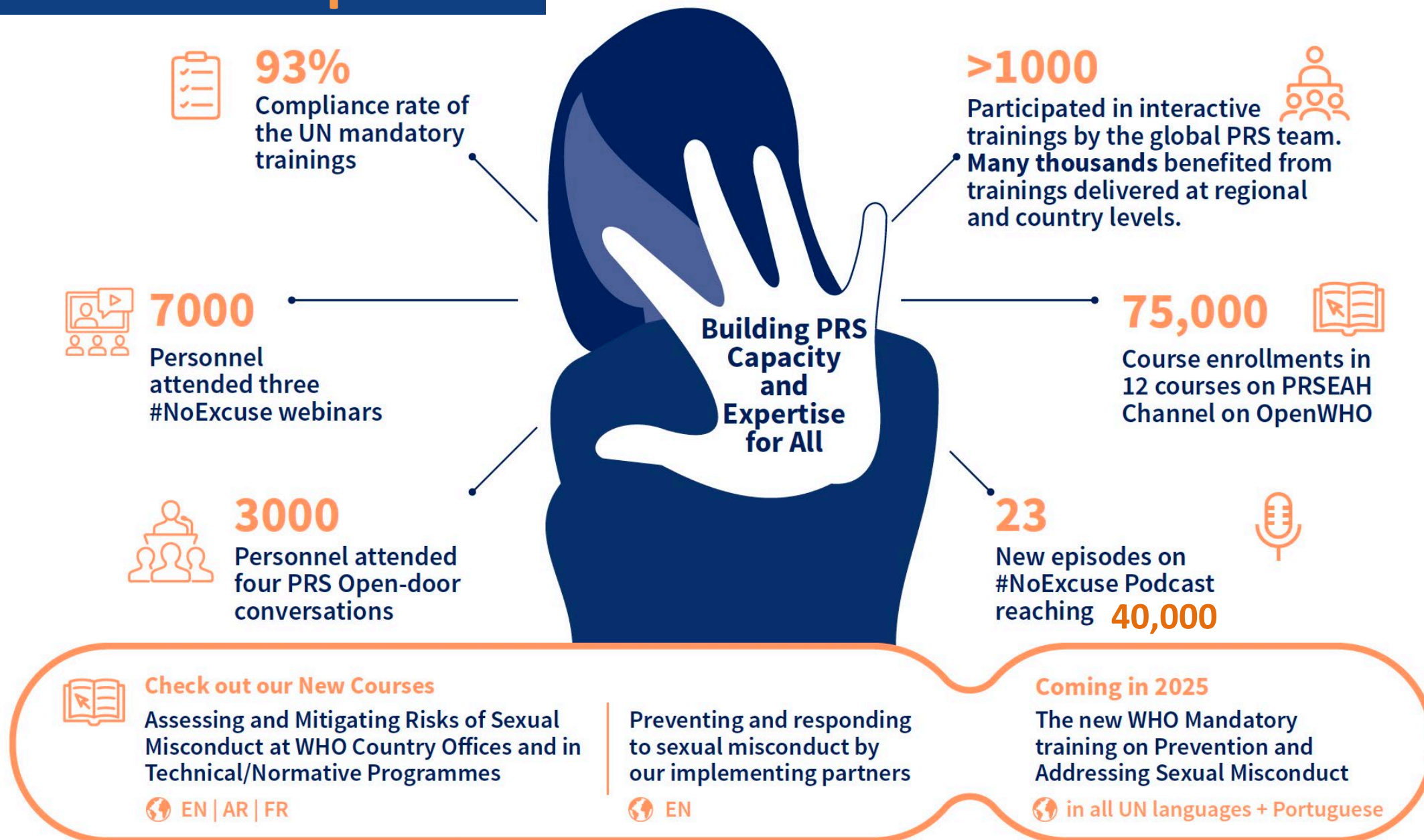
I. Putting victims and survivors first



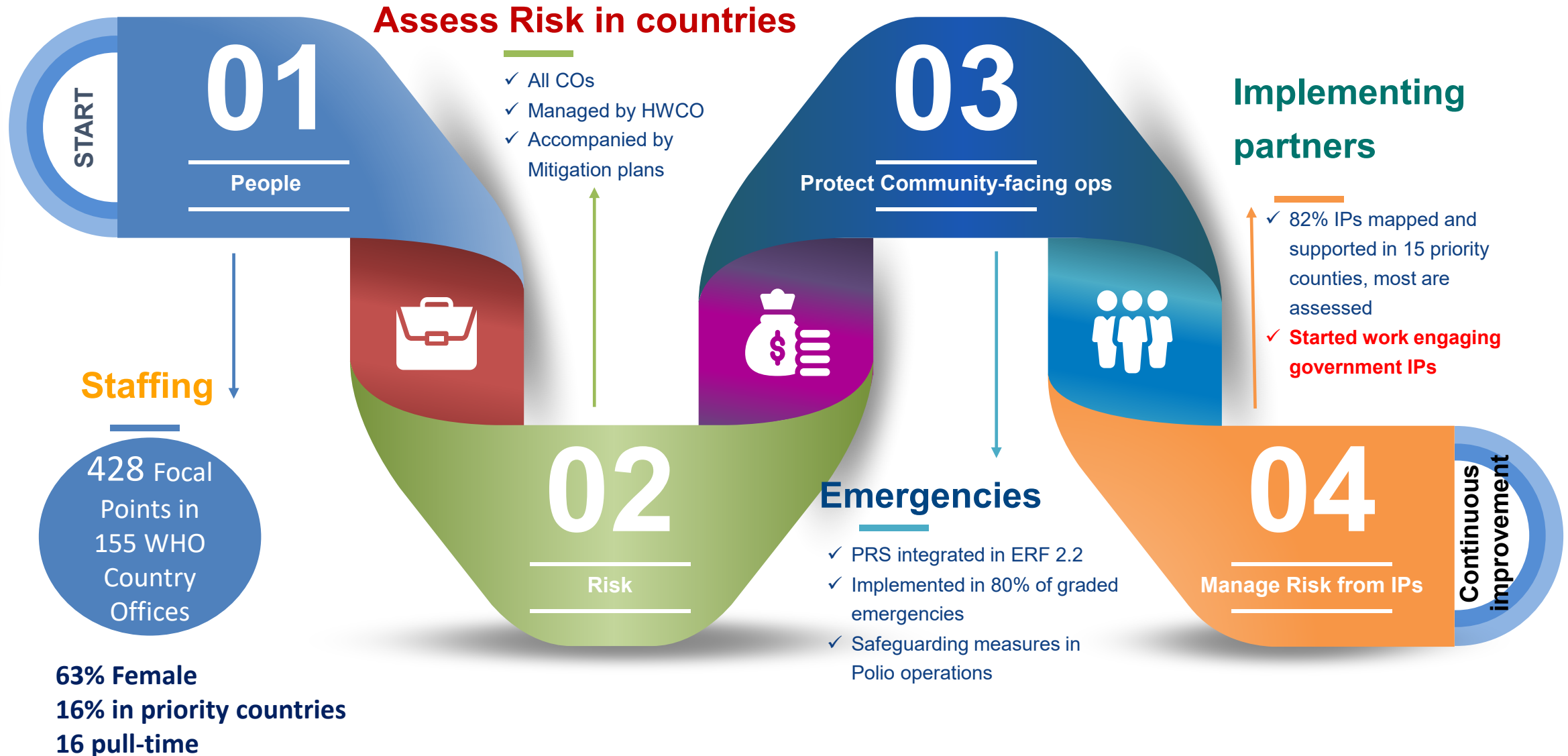
Recommendations for improving Victim and survivor Support



II. Policies into practice



III: Safeguarding operations

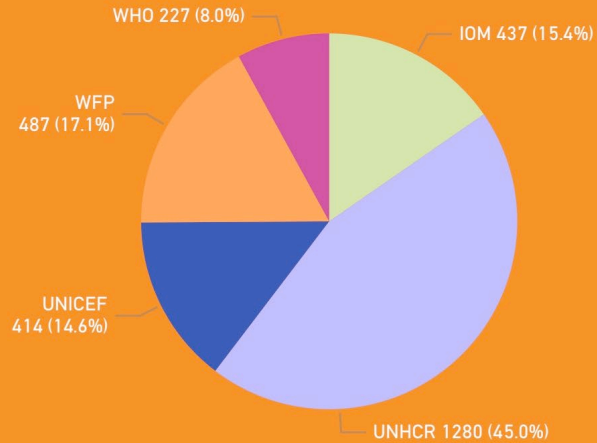




3230

Alleged Perpetrators

Top 5 Reporting Entities



Top 5 Countries

	No.
South Sudan	361
Democratic Republic of Congo	293
Uganda	201
Bangladesh	164
Iraq	117

No.

Top 5 Implementing Partners

	No.
World Vision International	33
Save the Children	19
International Medical Corps	15
Unknown	12
Oxfam	11

No.

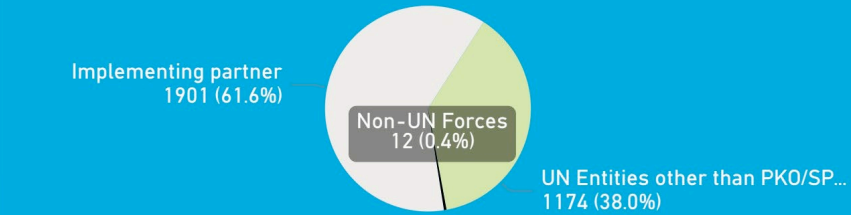
Top 5 Nationalities by Year

Nationality	2017	2018	2019	2020	2021	2022	2023	2024	Total
Unknown	3	43	128	217	251	377	562	510	2091
South Sudan	9	30	40	20	21	3	13	6	142
Democratic Republic of Congo	7	4	3	5	9	9	21	7	65
Uganda	6	10	4	15	12	6		2	55
Kenya	11	20	8	3	2	5	2	1	52
Total	36	107	183	260	295	400	598	526	2405

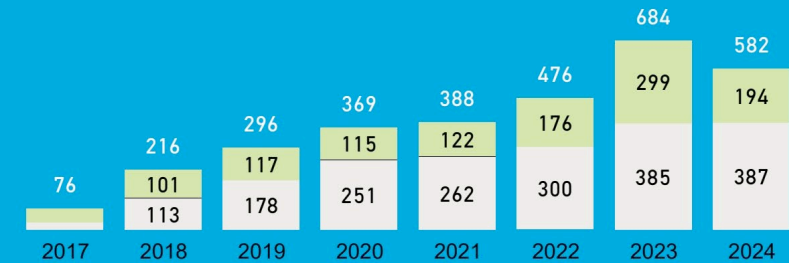
3087

Allegations

Allegations Reported by Entity Type



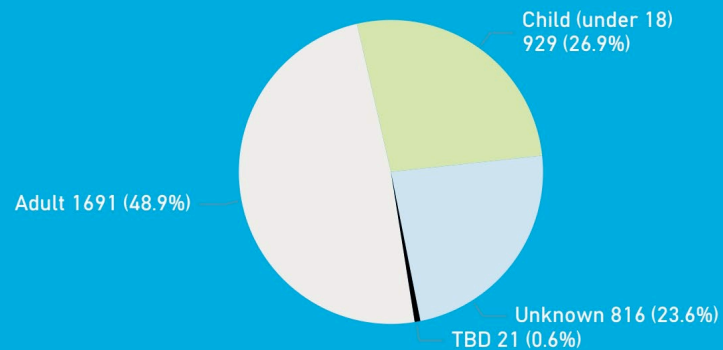
● Implementing partner ● Non-UN Forces ● UN Entities other than PKO/SPM and IP



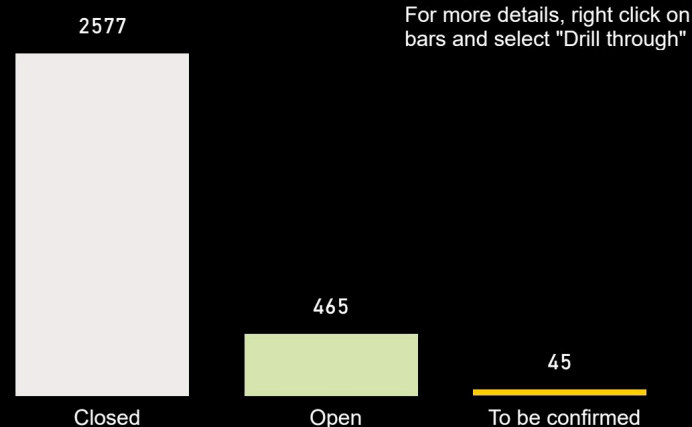
3457

Victims/Survivors

Victims/Survivors by Age Group



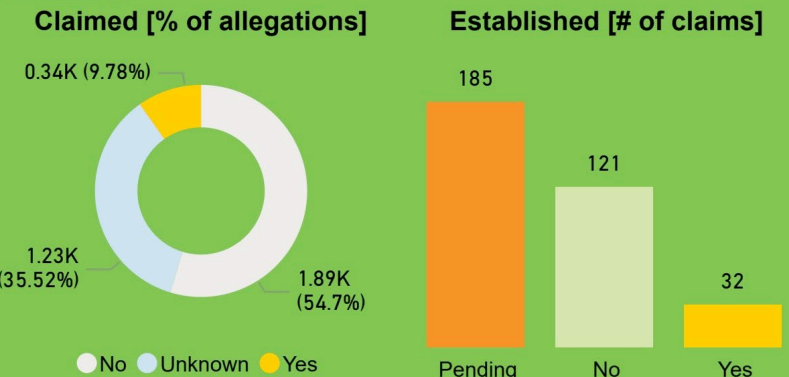
Status



For more details, right click on bars and select "Drill through"

338

Paternity Claims [Est.]

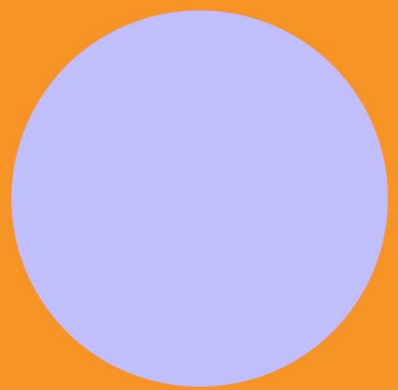




227

Alleged Perpetrators

Top 5 Reporting Entities



WHO 227 (100.0%)

Top 5 Countries

	No.
Democratic Republic of Congo	107
Central African Republic	16
Syrian Arab Republic	11
Unknown	11
Congo	9

Top 5 Implementing Partners

	No.
Dary	3
Al-Alami	1
Centre de Support en Santé internationa...	1
CUAMM	1
IRC	1
Samaritan's nurse	1

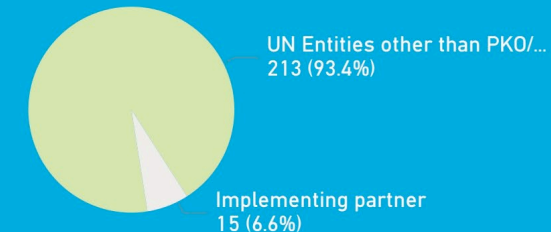
Top 5 Nationalities by Year

Nationality	2018	2019	2020	2021	2022	2023	2024	Total
Unknown	6	1	1	12	54	97	37	208
Congo					2	2		4
Chad			1	1				2
Kenya			2					2
Nigeria			1		1			2
Total	6	1	5	13	57	99	37	218

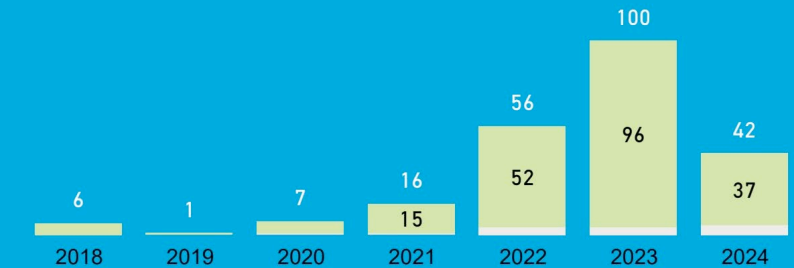
228

Allegations

Allegations Reported by Entity Type



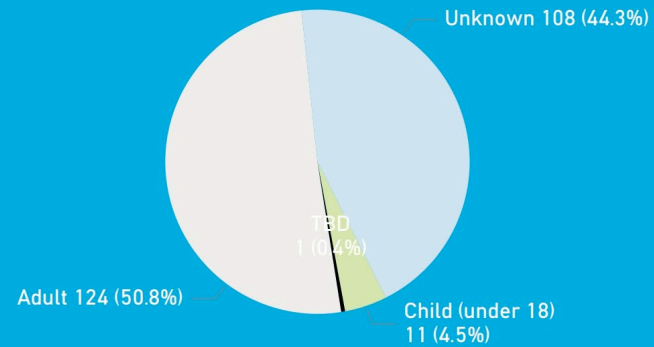
● Implementing partner ● UN Entities other than PKO/SPM and IP



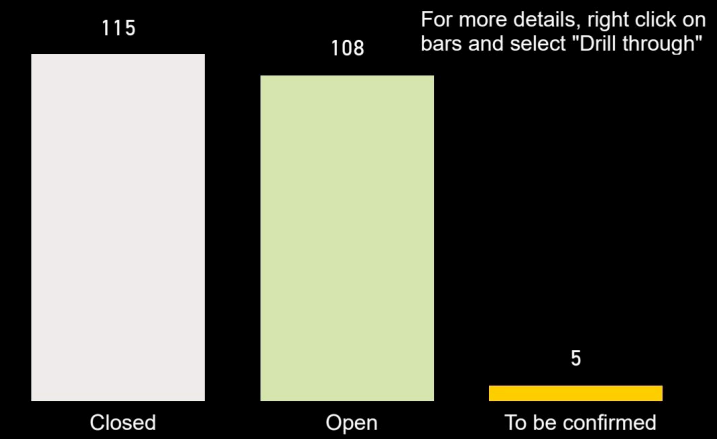
244

Victims/Survivors

Victims/Survivors by Age Group



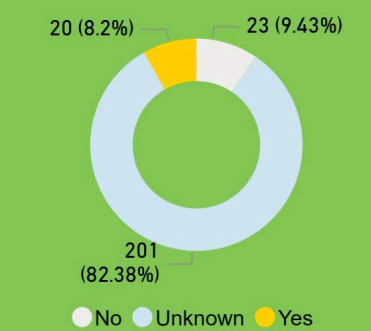
Status



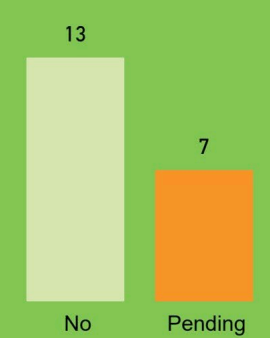
20

Paternity Claims [Est.]

Claimed [% of allegations]



Established [# of claims]



Support UN and humanitarian system-wide efforts

Working with UN Partners



PSEA Coordinators training

WHO has co-funded and facilitated the 2024 PSEA Coordinator Training to equip both potential and current PSEA Coordinators with the skills needed to effectively support PSEA activities at the country level. To enhance the program, the WHO team integrated a series of competency-based soft skills sessions into the agenda.



Co-chairing the UN Workstream on PSEA(H) Training and Learning

WHO, co-chairing the UN Workstream with World Vision International, focuses on strengthening PSEA capacity across humanitarian, development, and mixed settings. The workstream is mapping training materials for senior leaders, PSEA Coordinators, and Focal Points to develop tailored learning pathways, training packages, and rollout plans.



Supporting system-wide change

Experience sharing on use of Survivor Assistance Fund
Support to reform the UN Trust Fund
Developing PRSEAH checklist for public Health emergencies
Annual Stakeholder review Meeting

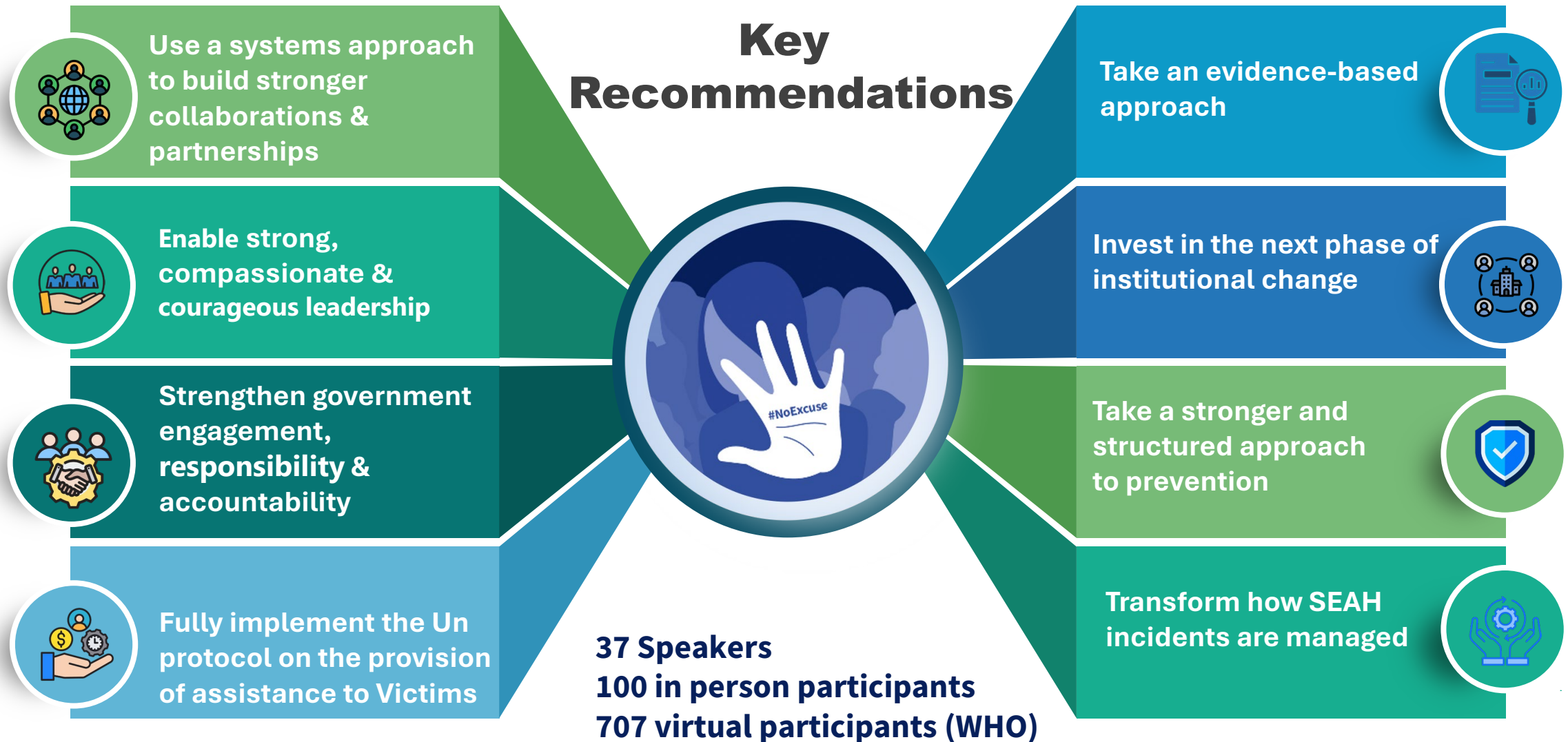
“

I believe the course was excellent. Great pace, good energy, right amount of information, different methodologies...in overall one of the best trainings I have attended. I really enjoyed the sessions on soft skills, as this is a topic that is normally neglected.”

Participant, PSEA coordinators training

”

WHO's second PRS annual Stakeholder Review Conference



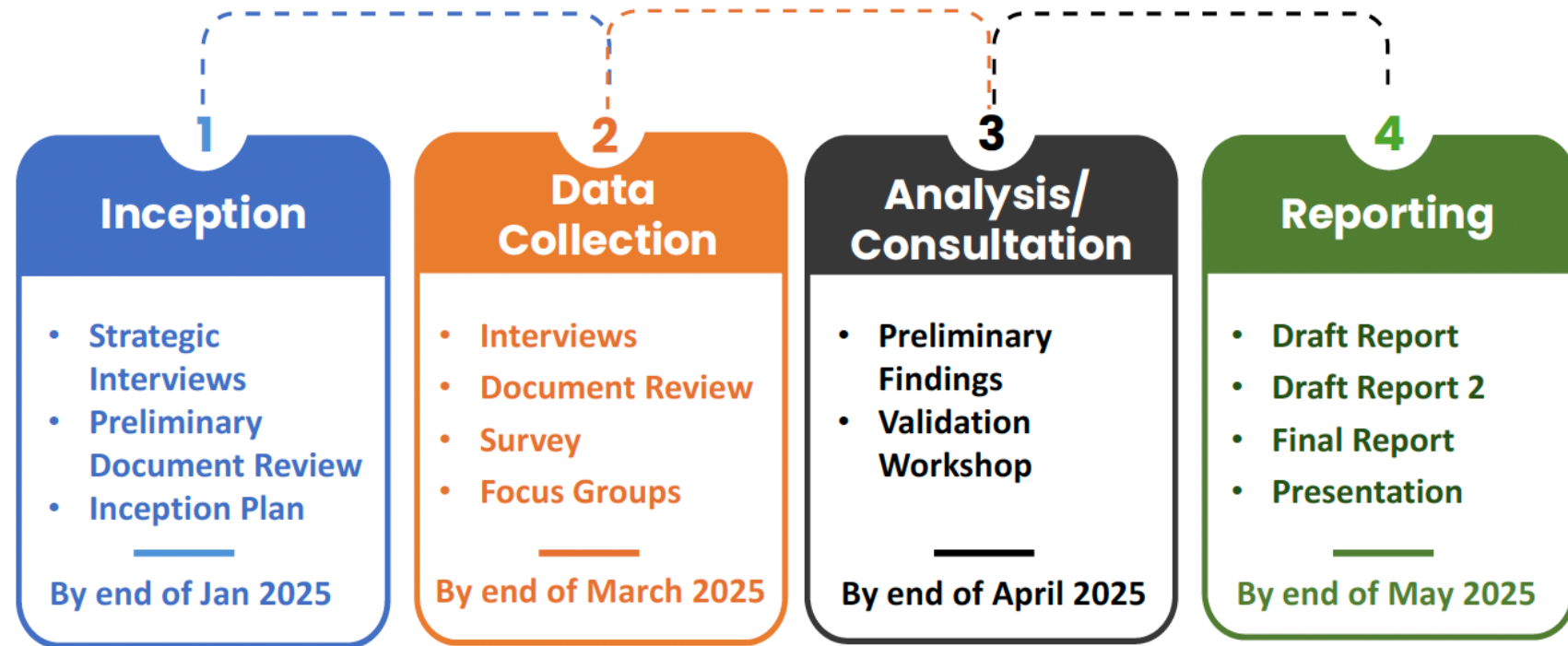
Stocktaking exercise – overseen by IEOAC

- Service Provider: TDV Global Inc.
- Kick-off: December 2024



Purpose

- Assess the progress made by WHO against agreed milestones to date
- Review systems, policies, and practice for sexual misconduct prevention, as well as progress made in relation to WHO's underlying organizational culture
- Inform the consolidation strategy for the years 2026-27



Follow up on PBAC Report to the 154th session of EB; WHA 77/42

continue to formulate proposed options for:

- i. the funding and integration of sexual exploitation, abuse and harassment prevention in emergency operations;**
- ii. ensuring Member State accountability for safeguarding joint government and WHO operations against sexual misconduct.**



**World Health
Organization**



Proposal for the funding and integration of sexual exploitation, abuse and harassment prevention in emergency operations

Institutional Capacity building

- PRS stewardship & governance costs - e.g. HQ/RO/CO staffing; office safeguarding; victim support; capacity building,
 - financed through Assessed Contributions
 - USD 50M Biennial budget envelope
 - 80% to ROs and Countries



PRS for community-facing ops – emergencies, etc – Comptroller's Guidance

1. PRS safeguarding measures proportionate to the risks associated with delivery of community-facing projects (e.g. WHE/Polio) require budgets that are adequate for risk mitigation measures
 - To be costed for each project, not a “flat rate” percentage; Full cost recovery principle on all voluntary contributions
 - PRS costs are considered to be "*directly incurred by and for*" the implementation of specific activities and are "*directly traceable*". Include e.g. PRSEAH focal persons and activities directly related to the project/programme
 - PRS budget items in VCs are institutional costs that are critical to the functioning of the Organization and fulfil constitutional requirement
 - Budget centre managers are accountable for inclusion of costs related to PRS activities in all funding proposals
 - Operations personnel are accountable for reviewing accuracy and providing quality assurance for budgets and operations

Climbing the ladder of responsibility





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; and consulted with MSs; **drawing on existing practice.**
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)

Member State Accountability Framework

Purpose, scope & approach





Chapter 2: UN DEVELOPMENT SYSTEM SUPPORT TO THE 2030 AGENDA

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

2.1. From CCA to Cooperation Framework Priorities

Proposed inclusion of PSEA

Annex 5: Programme Management & Accountability in the Cooperation Framework

- *Protection from Sexual Exploitation and Abuse (PSEA) is a key priority for the UNCT entities, with a special focus on prioritizing victims' rights and creating an environment in which sexual exploitation and abuse (SEA) do not occur. SEA is unacceptable behavior and is prohibited for UN personnel and UN implementing partners. The UNCT entities will therefore pursue all appropriate means to protect against, prevent and respond to SEA, and will require a similar commitment from its partners.*
- *In delivering on the obligations articulated in the present Cooperation Framework, the UNCT and the government of [insert name] affirm their commitment to preventing and responding to reports of SEA in connection with their personnel involved in common/joint projects. It is understood that this would entail the need to:*
 - *(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*

Schedule for signing UNSDCF

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

Member State Accountability safeguarding from sexual misconduct – 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

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

2. Training

Sensitization
Training
For personnel & collaborators



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. Risk management tools and guidance
 4. Capacity development support from policy to practice
 5. Expanded HERAMS for victim support service mapping
 6. Align with broader UN requirements

Preventing and Responding to Sexual Misconduct

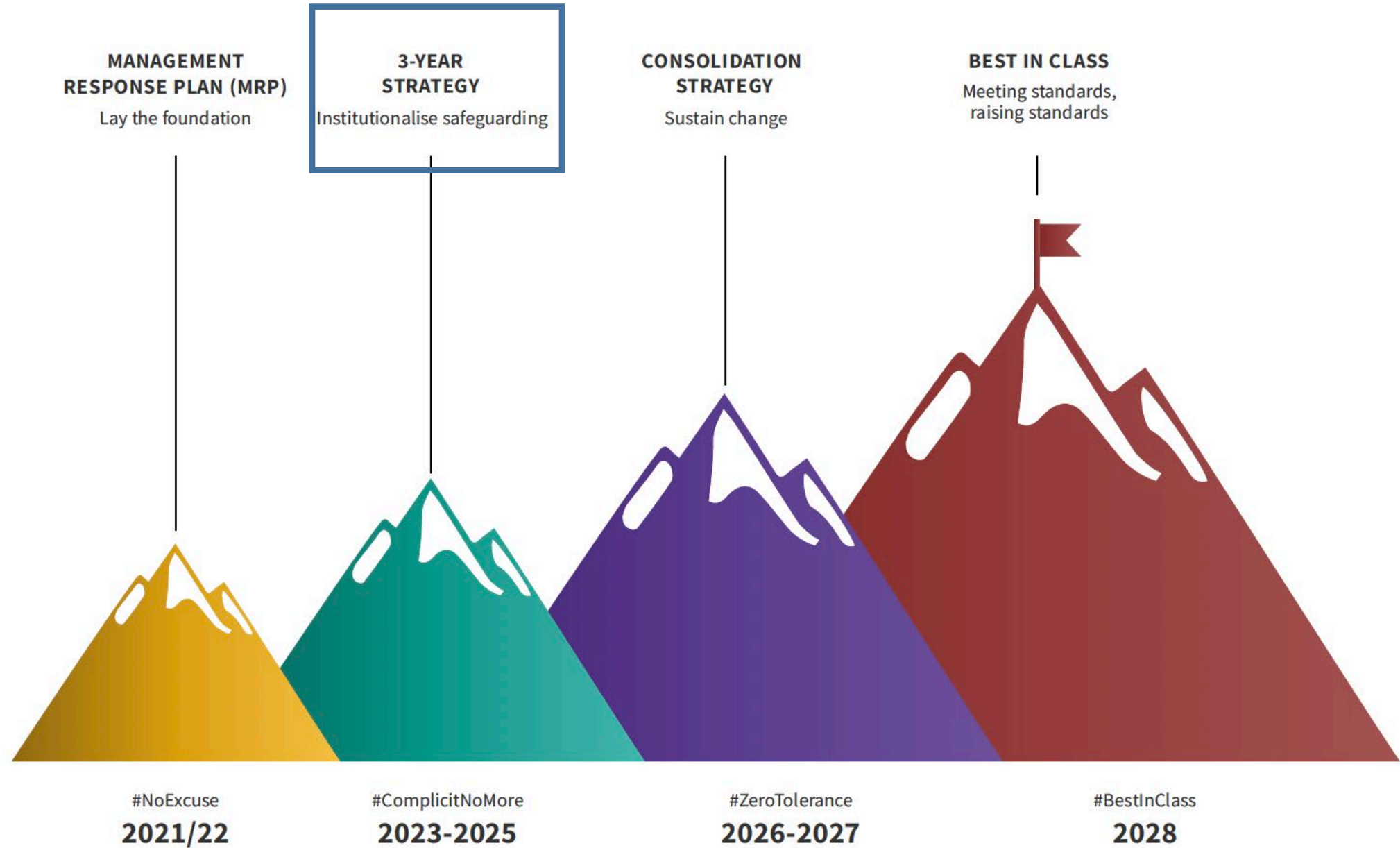
Next steps



World Health
Organization



THE PATH



Timeline for developing Consolidation strategy

