
Member State Briefing on the Prevention of and Response to Sexual Misconduct

9 September 2026

BEFORE WE START

Please note that this event adheres
to **the Code of Conduct** to prevent
harassment, including sexual
harassment, at WHO events

Opening remarks

Dr Tedros Adhanom Ghebreyesus
Director-General

Update on implementation of WHO's PRS Strategy 2026-2029

Ms. Alia El-Yassir

Director, WHO Department of Gender, Rights, Equity & Sexual
Misconduct Prevention

Regional Leadership Perspective on Prevention of and Response to Sexual Misconduct: Prevention, Preparedness and Accountability

Dr Owen Kaluwa
Director, ORD, AFRO

PRSEAH: A Leadership and Operational Priority

WHO AFRICAN REGION COMMITMENT



WHO operations must be safe for the communities we serve and for all those who work to deliver them.

PRSEAH institutionalized in emergency management

Dedicated pillar of the Regional Incident Management System

- Risk assessment & response planning
- Workforce & partner management
- Community engagement
- Reporting & referral
- Monitoring & accountability

Systematically applied across all Grade 2 & 3 emergencies

Ebola Response & Regional Preparedness

Continuous regional coordination with PRSEAH focal points and country leadership to identify needs, address gaps and mobilize support as the situation evolves.

DRC RESPONSE

- Embedded from outset
- Dedicated PRSEAH capacity
- Technical support: DRC & Uganda
- Cross-border readiness strengthened

Regional preparedness ongoing for:

- Priority neighboring countries at heightened risk of cross-border transmission

- We all have a role in identifying and mitigating safeguarding risks
- Perspectives of affected communities shall inform our actions
- We continue working with Member States to strengthen national capacity and accountability

Safeguarding arrangements must anticipate where operational risk may move rather than wait for the risk to materialize.

Leadership Key Messages & the Way Forward

01 | LEADERSHIP

Prevention and response to sexual misconduct remain a management priority.

02 | PREVENTION & PREPAREDNESS

Anticipate risks and embed safeguards

03 | ACCOUNTABILITY

Translate commitments into action at every level

OUR MEASURE OF SUCCESS : Safe, dignified and abuse-free access to WHO-supported health services, with concerns heard and acted upon.

Safeguarding the BVD response in the Democratic Republic of the Congo

Dr Anne Ancia, Head, WHO Country Office,
Democratic Republic of the Congo

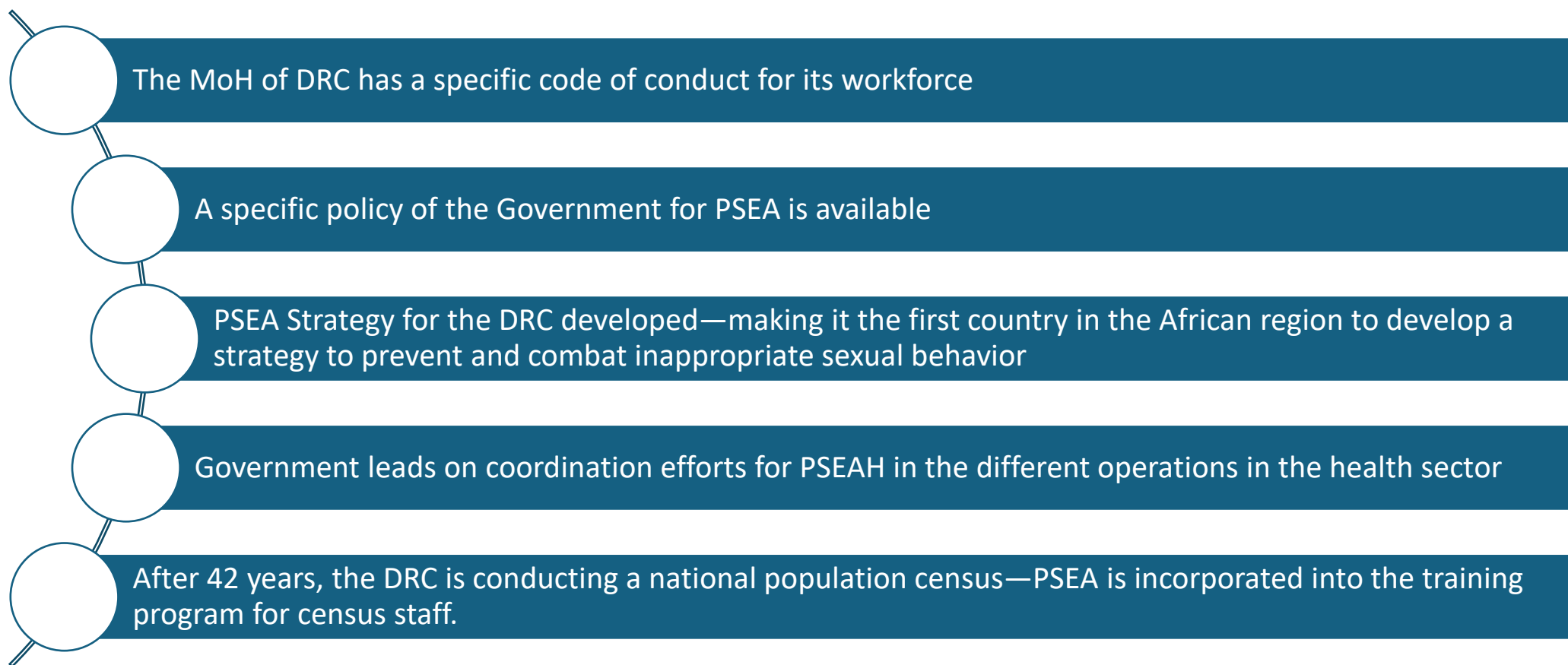
Maintaining strategic safeguarding capacity in a high-risk operating context

Despite organizational restructuring in 2025, WHO sustained a dedicated full-time international PRSEAH expert presence in the Democratic Republic of the Congo.

This strategic investment was guided by a country-led risk assessment and mitigation plan.

Continued partnership with the Government has enabled the establishment of enduring systems, expertise, and operational capacity to prevent and address sexual misconduct.

Progress on the PRS Accountability Framework in joint Government–WHO operations



Practical example of PSEAH in health operations in the Democratic Republic of the Congo

Ebola disease caused by Bundibugyo virus response



Safeguarding is essential to community trust and safe outbreak operations

- BVD operations create heightened risks where affected populations depend on responders for services and information.
- DRC has put in place coordinated prevention, reporting and referral measures.
- Coverage and service capacity remain uneven and require sustained support.



Coordination and accountability

Safeguarding responsibilities are embedded across government, collective and WHO response structures

Government Leadership

MSPHPS, COUSP & Provincial Health Authorities

- Lead the outbreak response and readiness, and
- Integrate safeguarding into operations



Collective PSEA Accountability

RC/HC and National /Inter-Agency PSEA Coordination

- Common Standards, Coordinate Actions, and address Collective Gaps



WHO Organizational Accountability

WR, Incident Manager, PRSEAH Technical Officer & FPs

- Safeguard WHO Personnel, Partners & Operations



Operational Delivery

Agency specific PSEA Specialists, health zones Focal Points & Community representatives/ relays

- Prevention, Community awareness, Reporting & Referral



- PRSEAH capacity deployed with the first BVD response team (Bunia, Beni, ARU, Tshopo, and South Kivu).
- Government–WHO–inter-agency PSEA coordination initiated within days of the outbreak declaration.
- A harmonized PSEA response plan was aligned with government and collective priorities.
- PSEA specialists were deployed to priority affected and preparedness locations.

Government leadership, collective coordination and organizational accountability are complementary; each actor remains responsible for safeguarding its own personnel, partners and operations.

Risk assessment

Community consultations identified power imbalances, insecurity and limited reporting access as the principal SEA risks

Evidence base: 325 community participants • 59% women • 19 focus-group discussions • Findings validated with community leaders

Groups facing heightened exposure	Principal risk drivers	Priority mitigation measures
Women and adolescent girls	Dependence on responders for essential services and assistance	Ensure communities know that all assistance is free and never conditional on sexual or other favours
Displaced people and female-headed households	Conflict, displacement, economic insecurity and limited livelihood opportunities	Maintain trusted, confidential and community-accessible reporting channels
People with disabilities and people facing language or mobility barriers	Unequal power relations between response personnel and affected communities	Provide inclusive reporting options in relevant languages and accessible formats
Children, young people and socially isolated individuals	Limited awareness of expected staff conduct and how to report concerns	Strengthen staff and partner induction, Codes of Conduct, supervision and compliance monitoring
Communities in insecure or hard-to-reach areas / Displaced populations	Restricted access to complaints mechanisms, referral services and formal justice systems	Update referral pathways and extend mobile, community-based and remote reporting arrangements

SEAH prevention

Prevention measures are being embedded in workforce management and outbreak operations

Workforce standards & compliance

- PRSEAH induction and refresher briefings for deployed personnel.
- Codes of Conduct signed and & expected standards of behaviors reinforced.
- Personnel reminded of their duty to report suspected misconduct through authorized channels.

Operational capacity

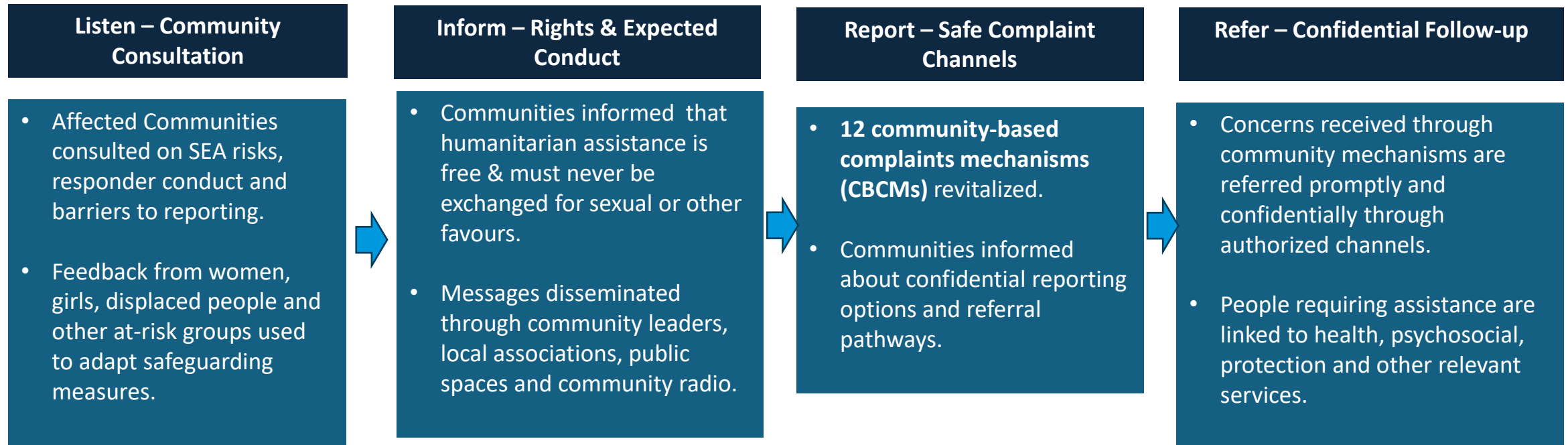
- Joint training for government, WHO and inter-agency PSEA focal points across **18 health zones**.
- Trained FPs are cascading key messages to responders (personnel, partners & all community-facing workers).
- PSEA specialists & FPs support field supervision & risk mitigation.

Integration across response operations

- PRSEAH safeguards incorporated into training & operational planning across response pillars.
- Reinforcement of PSEA standards & capacity building of Implementing Partners, contractors, & volunteers.
- Continuous **risk mitigation measures** informed by community feedback & emerging operational risks.

Community engagement and reporting

Community engagement is strengthening awareness, feedback and access to safe reporting



Results:

12 CBCMs revitalized | 843 community members reached | 449 women and 80 girls reached | Community-radio messaging underway

Victim and survivor assistance pathways strengthened

- Referral pathways updated jointly with GBV, child-protection and health actors.
- Health workers receiving refresher support on safe, confidential and survivor-centred care.
- Immediate health, psychosocial, protection and other relevant services mapped.
- SEA reports referred through designated organizational mechanisms without making assistance dependent on an investigation.
- Outstanding gaps in service availability, supplies, confidentiality or geographic coverage clearly identified.

Access to assistance is based on need and is not conditional on the completion or outcome of an investigation.

Progress: essential safeguarding systems established, coverage incomplete

- **18 health zones:** focal-point capacity strengthened.
- **12 CBCMs:** revitalized and disseminating reporting and referral information.
- **PSEA specialists deployed:** 10 in 5 provinces (Ituri : 5 – North Kivu : 2 - South Kivu : 1 – Tshopo : 1- Bas Uele: 1)
- **Referral pathway:** updated and linked to GBV/health/protection services.
- **Community reach:** 22,439 community members have been educated about community complaint mechanisms, 49.6% of whom are women
- **Workforce compliance:** 100% WHO have completed their PRSEAH training and signed their codes of conduct
- **Implementing Partner due diligence: 83%**
- WHO provided technical and operational support to collective PSEA activities during the initial phase of the response and contributed to the development of the national and inter-agency PSEA action plan for BVD.
- **Other Significant Progress for DRC: National PSEA Strategy developed**— first country in the African region to develop a National PSEAH Strategy against sexual misconduct - all of Government Approach
 - After 42 years, the DRC is conducting a **national population census**—PSEA is incorporated into the training program for census staff.

Challenges

- **Coverage:** uneven PSEA presence across affected and preparedness areas.
- **Access and security:** armed-group control, movement restrictions and remote communities.
- **Reporting and inclusion:** language, disability, gender and confidentiality barriers.
- **Services and capacity:** insufficient survivor-assistance services, technical oversight, monitoring and sustainable financing.

These gaps may delay reporting, reduce access to assistance and leave parts of the response without adequate risk oversight.



Priorities requiring sustained leadership and resourcing

- **Expand operational coverage:** Deploy the appropriate mix of national and junior PSEA officers and experienced technical personnel for supervision, quality assurance and surge support.
- **Strengthen reporting and assistance:** Ensure accessible complaints channels, updated referral information and adequately resourced victim and survivor services.
- **Update risk assessment and Integrate risk mitigation into all pillars:** Include PRSEAH risk controls in workforce management, partner oversight, community engagement, preparedness and field supervision.
- **Strengthen monitoring and accountability:** Track a small set of indicators, review community feedback and report progress to response leadership.
- **Messaging adaptation to different target audiences:** messaging on PSEAH needs to be adapted to the different audiences, tested for efficacy and understanding and translated in the different languages.

Member State support requested: Advocate for sustained leadership and operational access, and support predictable financing for field coverage, national capacity, accessible reporting mechanisms, victim and survivor assistance, and monitoring.

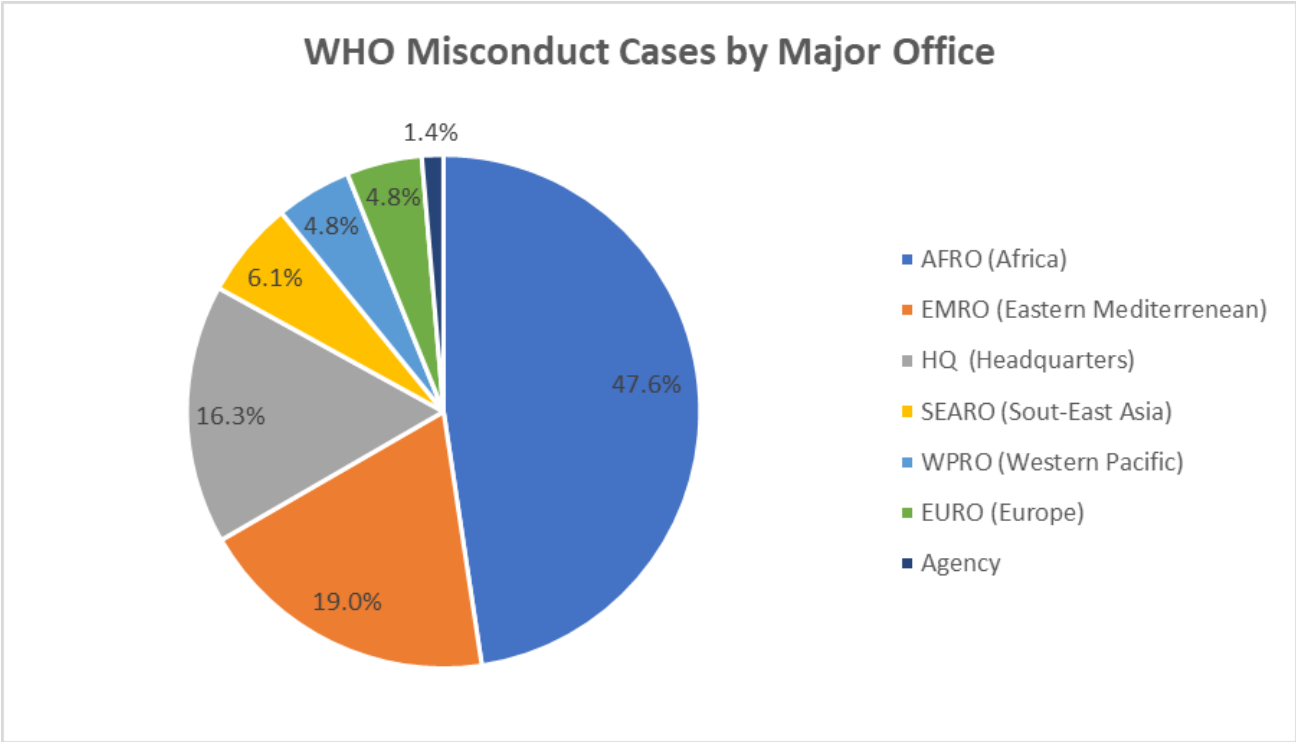
Global overview

WHO Misconduct Compendium analysis, Q4
2011 – Q1 2026

WHO Misconduct Cases by Major Office

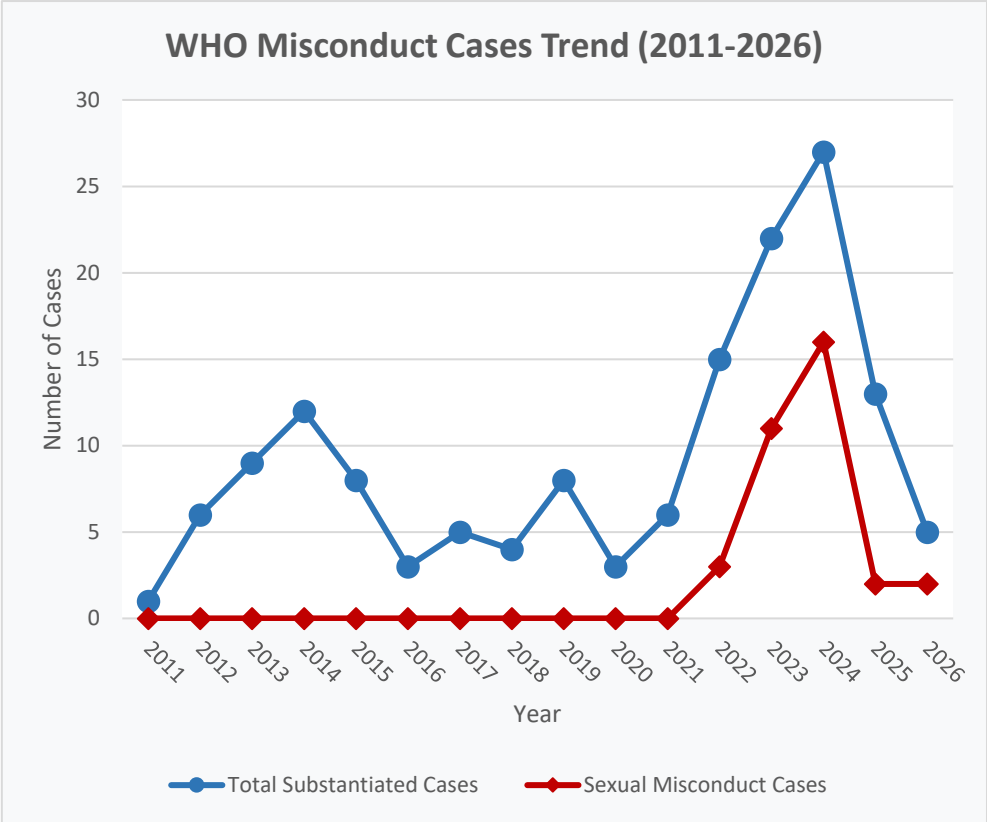
KEY METRICS SUMMARY	
Metric	Value
Total no of Cases	147
Time Period	Q4 2011 -Q1 2026
No of Major Offices involved	8
Most Affected Major Office	AFRO
Dismissal Rate	66.7%

Major Office	Number of Cases	Percentage
AFRO (Africa)	70	47.6%
EMRO (Eastern Mediterranean)	28	19.0%
HQ (Headquarters)	24	16.3%
SEARO (Sout-East Asia)	9	6.1%
WPRO (Western Pacific)	7	4.8%
EURO (Europe)	7	4.8%
Agency	2	1.4%
Total	147	100%



WHO Misconduct Cases Trend (2011–2026)

Yearly Trend Analysis		
Year	Total Substantiated Cases	Sexual Misconduct Cases
2011	1	0
2012	6	0
2013	9	0
2014	12	0
2015	8	0
2016	3	0
2017	5	0
2018	4	0
2019	8	0
2020	3	0
2021	6	0
2022	15	3
2023	22	11
2024	27	16
2025	13	2
2026	5	2
Total	147	34



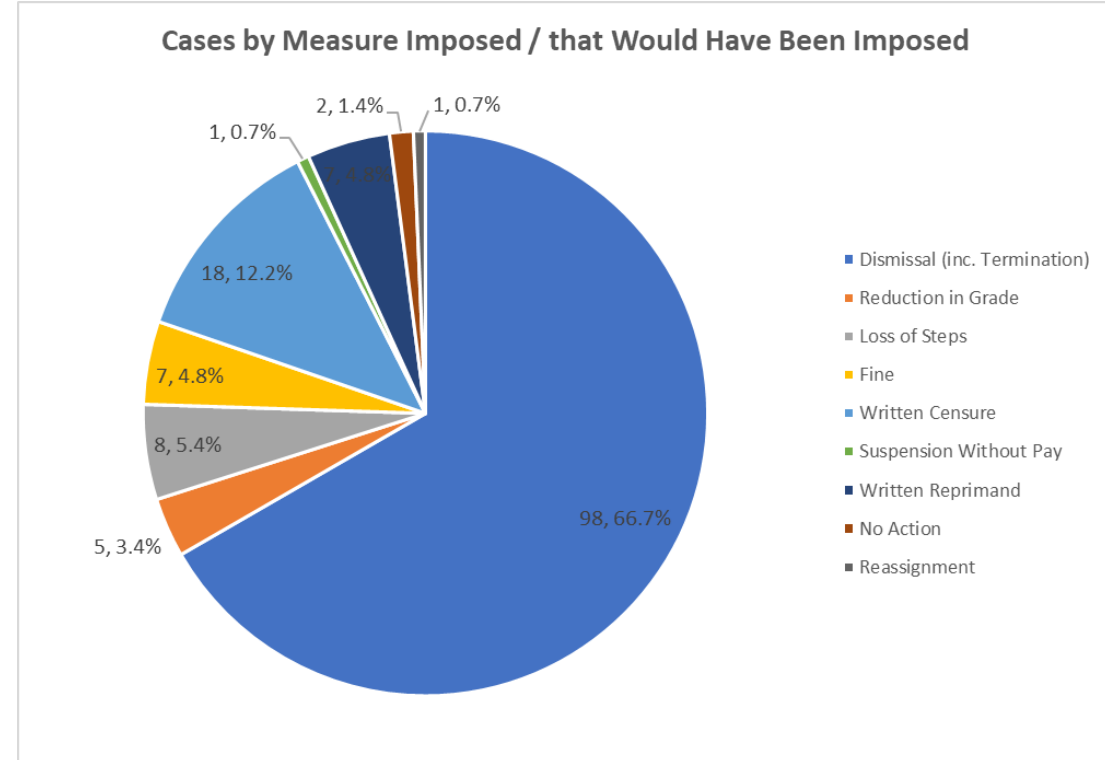
Cases by Category of Misconduct

Cases by Category of Misconduct		
Category of Misconduct	Number of Cases	Percentage
Fraud (incl. procurement irregularity & gross negligence)	62	42.2%
Sexual misconduct	34	23.1%
Violation of standard of conduct (incl. failure to comply with private obligations & conflict of interest)	30	20.4%
Harassment	10	6.8%
Abuse of authority	4	2.7%
Unauthorized outside activities	4	2.7%
Assault	3	2.0%
Total	147	100.0%

Breakdown of Sexual Misconduct Cases		
Type of Sexual Misconduct	Number of Cases	Percentage
Sexual exploitation and abuse (SEA)	16	47.1%
Sexual harassment	16	47.1%
Both SEA and Sexual harassment	2	5.9%
Total Sexual Misconduct Cases	34	100.0%

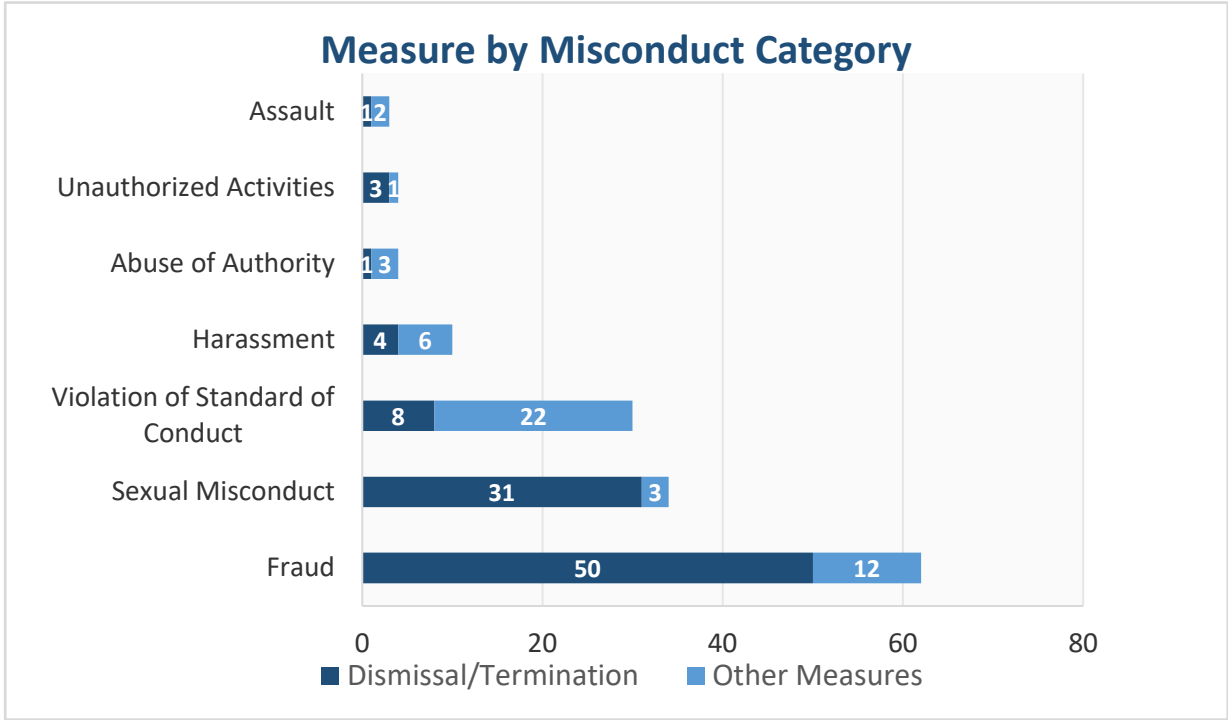
Cases by Measure Imposed / That Would Have Been Imposed

Cases by Measure Imposed / that Would Have Been Imposed		
Category	Number of Cases	Percentage
Dismissal (inc. Termination)	98	66.7%
Reduction in Grade	5	3.4%
Loss of Steps	8	5.4%
Fine	7	4.8%
Written Censure	18	12.2%
Suspension Without Pay	1	0.7%
Written Reprimand	7	4.8%
No Action	2	1.4%
Reassignment	1	0.7%
Total	147	100.0%

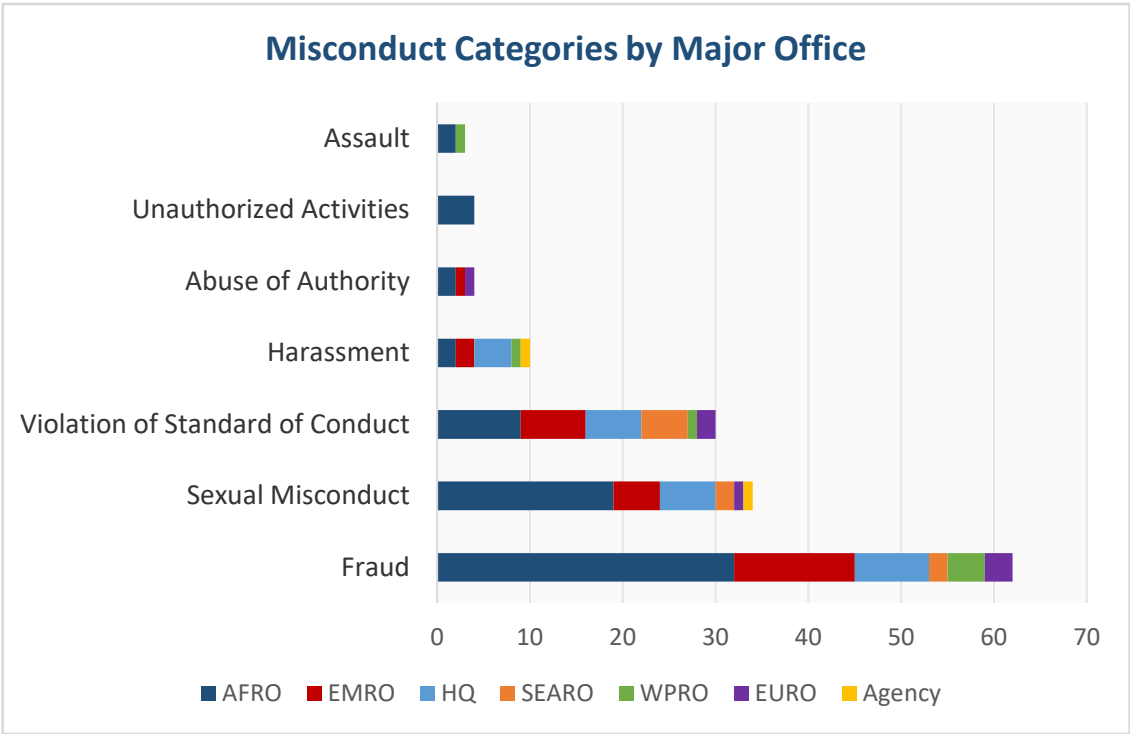


Measure by Misconduct Category

Category of Misconduct	Dismissal/Termination	Other Measures	Total	% Dismissal
Fraud	50	12	62	81%
Sexual Misconduct	31	3	34	91%
Violation of Standard of Conduct	8	22	30	27%
Harassment	4	6	10	40%
Abuse of Authority	1	3	4	25%
Unauthorized Activities	3	1	4	75%
Assault	1	2	3	33%
Total	98	49	147	67%



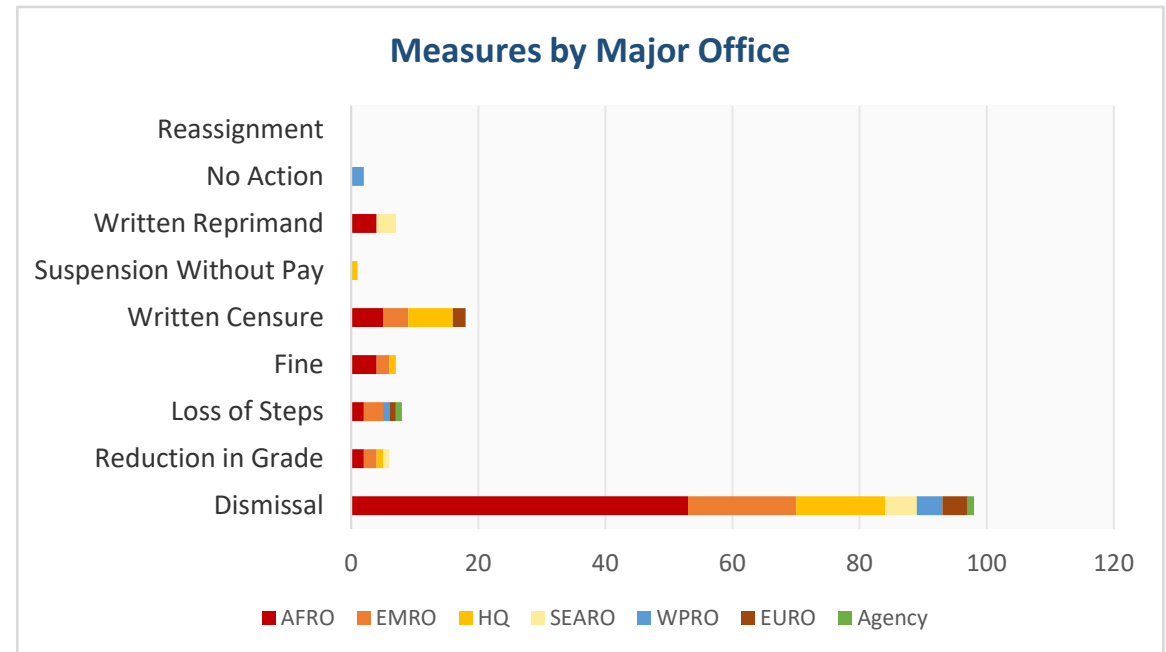
Misconduct Categories by Major Office



Misconduct Category	AFRO	EMRO	HQ	SEARO	WPRO	EURO	Agency	Total
Fraud	32	13	8	2	4	3	0	62
Sexual Misconduct	19	5	6	2	0	1	1	34
Violation of Standard of Conduct	9	7	6	5	1	2	0	30
Harassment	2	2	4	0	1	0	1	10
Abuse of Authority	2	1	0	0	0	1	0	4
Unauthorized Activities	4	0	0	0	0	0	0	4
Assault	2	0	0	0	1	0	0	3
Total	70	28	24	9	7	7	2	147

Measures Imposed / That Would Have Been Imposed, by Major Office

Measure	AFRO	EMRO	HQ	SEARO	WPRO	EURO	Agency	Total
Dismissal	53	17	14	5	4	4	1	98
Reduction in Grade	1	2	1	1	0	0	0	5
Loss of Steps	2	3	0	0	1	1	1	8
Fine	4	2	1	0	0	0	0	7
Written Censure	5	4	7	0	0	2	0	18
Suspension Without Pay	0	0	1	0	0	0	0	1
Written Reprimand	4	0	0	3	0	0	0	7
No Action	0	0	0	0	2	0	0	2
Reassignment	1	0	0	0	0	0	0	1
Total	70	28	24	9	7	7	2	147



Q&A