



**World Health  
Organization**

**EXECUTIVE BOARD  
150th session  
Provisional agenda item 20.1**

**EB150/34  
10 January 2022**

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## **Prevention of sexual exploitation, abuse and harassment**

### **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme's Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment**

The Director-General has the honour to transmit to the Executive Board at its 150th session the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme's Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment, which is submitted by the co-Chairs of the Independent Oversight and Advisory Committee (Annex).

ANNEX

**REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE  
FOR THE WHO HEALTH EMERGENCIES PROGRAMME SUBCOMMITTEE FOR  
THE PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND  
HARASSMENT**

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**PART I. BACKGROUND**

1. On 15 October 2020, following the media allegations of sexual exploitation and abuse (SEA) of 29 September 2020,<sup>1</sup> which were linked to the tenth Ebola outbreak response in the Democratic Republic of the Congo (DRC), the Director-General of the World Health Organization (WHO) appointed the former Minister for Foreign Affairs and Social Justice of Niger, Her Excellency Aïchatou Mindaoudou, together with internationally recognized human rights activist and advocate for survivors of sexual violence in conflict, Ms. Julienne Lusenge, to form an Independent Commission to investigate the allegations. The two co-Chairs appointed a further three members to the Independent Commission to establish the facts, identify and support survivors, ensure that any ongoing abuse was stopped and to hold perpetrators to account.<sup>2</sup> The Independent Commission began its field investigations on 3 May 2021<sup>3</sup> and published its findings and recommendations in its final report of 28 September 2021.<sup>4,5</sup>
2. Pending receipt of the Independent Commission's findings, the Director-General announced at the Seventy-fourth World Health Assembly<sup>3</sup> that a three-level Task Team would be established, led by a senior staff member with extensive experience working in emergencies, to accelerate the implementation of Organization-wide policies and procedures. Under the leadership of the Director a.i, Dr Gaya Gamhewage, the Task Team, comprising staff from country, regional and headquarters offices, would promote a holistic approach to the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) and would support the implementation of the Independent Commission's recommendations. The Task Team was formally convened in July 2021.
3. Pending receipt of the Independent Commission's findings and given the experience, expertise and close monitoring by the Independent Oversight and Advisory Committee (IOAC) of the WHO Health Emergencies Programme (WHE) since its inception in 2016, the Director-General invited the IOAC Chairs to establish a Subcommittee of its members to consider how WHO's current policies and procedures could be improved to mirror those of prevailing best practice in preventing and responding

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<sup>1</sup> The New Humanitarian | More than 50 women accuse aid workers of sex abuse in Congo Ebola crisis.

<sup>2</sup> <https://www.who.int/news/item/15-10-2020-who-appoints-co-chairs-of-independent-commission-on-sexual-misconduct-during-the-ebola-response-in-north-kivu-and-ituri-the-democratic-republic-of-the-congo>.

<sup>3</sup> <https://www.who.int/director-general/speeches/detail/director-general-s-introductory-remarks-on-agenda-item-30.2-report-a74-36-on-the-prevention-of-sexual-exploitation-abuse-and-harassment-and-the-report-of-pbac-a74-51>.

<sup>4</sup> [https://cdn.who.int/media/docs/default-source/ethics/ic-final-report-28092021-en-version.pdf?sfvrsn=fef409a0\\_9&download=true](https://cdn.who.int/media/docs/default-source/ethics/ic-final-report-28092021-en-version.pdf?sfvrsn=fef409a0_9&download=true).

<sup>5</sup> WHO Director-General's remarks at the press conference on the report of the Independent Commission on Sexual Exploitation and Abuse – 28 September 2021.

to sexual exploitation, abuse and harassment (PRSEAH) in order to oversee, guide and monitor the WHO Secretariat's work.<sup>1</sup>

4. The Subcommittee was tasked with formulating preliminary recommendations on how to strengthen current systems, processes and internal mechanisms in WHO, particularly within the context of emergency and other field operations, and to bring these into line with global best practices. The Subcommittee would work closely with the Task Team; constitute and consult a Reference Group of Member States to advise on good practices in safeguarding against SEAH; and review current operational practice in PRSEAH in other organizations in order to assess WHO's current status and areas for improvement; and report on its activities.

5. While the primary focus of the Subcommittee is sexual exploitation,<sup>2</sup> abuse<sup>3</sup> and harassment,<sup>4</sup> it acknowledges that many other forms of abuse and harassment are rooted in the gender and power dynamics that facilitate the occurrence of SEA and/or inhibit effective prevention, reporting and follow-up. Currently the terms used differ according to whether the victim/survivor is a WHO staff member or beneficiary, with "sexual exploitation, abuse and harassment" being used to describe acts against beneficiaries of programmes and services and "sexual harassment" referring to unwelcome conduct against a fellow staff member that interferes with the course of work. It is important to acknowledge that "sexual harassment" of WHO staff also encompasses behaviour deemed as criminal in many legal jurisdictions, such as rape or sexual assault.

6. To fulfil the Subcommittee's terms of reference, a series of consultations were held in July–November 2021 with a variety of stakeholders to compare WHO's current policies, procedures, structures and resources with the highest international standards with a view to defining "best in class" approaches. Inputs were sought from the Reference Group, which was composed of 12 Member States,<sup>5</sup> representing high-, middle- and low-income countries; representatives of two international nongovernmental organizations; and representatives of two UN agencies. Additionally, interviews were held to solicit input and feedback from a cross-section of WHO staff, ranging from country representatives, Regional Directors, senior staff in the WHE and technical and administrative personnel across the three levels of the Organization.

7. The submission of this report to the IOAC, which hereby presents its recommendations to the 150th session of the Executive Board, marks the fulfilment of the Subcommittee's mandate.

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<sup>1</sup> <https://www.who.int/groups/independent-oversight-and-advisory-committee/sub-committee-on-prseah>.

<sup>2</sup> Sexual exploitation refers to "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, threatening or profiting monetarily, socially or politically from the sexual exploitation of another".

<sup>3</sup> Sexual abuse refers to "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions".

<sup>4</sup> Sexual harassment refers to "any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment".

<sup>5</sup> Including Armenia, Australia, Bosnia and Herzegovina, Ecuador, Germany, Ghana, India, the Netherlands, Norway, the Republic of Korea, Sri Lanka, the United States of America and the United Kingdom. See: [https://cdn.who.int/media/docs/default-source/2021-dha-docs/member-states-reference-group\\_ioac-sub-com-prseah.pdf?sfvrsn=2e331d6e\\_13](https://cdn.who.int/media/docs/default-source/2021-dha-docs/member-states-reference-group_ioac-sub-com-prseah.pdf?sfvrsn=2e331d6e_13).

8. While the Subcommittee will be dissolved, the IOAC remains committed to continuing to monitor this area of work within its mandate.

## **PART II. FINDINGS AND OBSERVATIONS**

9. The Subcommittee notes that SEAH is more likely to occur where inequalities exist between individuals based on gender, economic, social or racial differences. These inequalities are compounded in relationships where there is an inherent imbalance of power, including those between supervisor-supervisee or other hierarchical employment relationships, and between humanitarian workers and the communities they serve, making these interactions particularly vulnerable to incidents of SEAH. Specific policies and practices are needed to mitigate the impact of these power imbalances and inequalities by reducing opportunities for SEAH and holding perpetrators accountable for their actions. Ultimately, however, addressing the inequalities that lie at the root of the problem will require a longer-term commitment to, and further investment in, Organization-wide strategies to promote diversity, equity and inclusion.

10. The Subcommittee also acknowledges that although there is an urgency to prevent and respond to SEA in emergency settings, the organizational culture that tolerates and enables SEA against beneficiaries also contributes to creating an overall workplace environment within the Organization that allows for abuse and harassment based on gender, race and other inequalities to persist and thrive. For this reason, throughout its work, the Subcommittee considered the broader WHO organizational culture and the steps that need to be taken to transform that culture to one that promotes transparency, accountability and trust. Simultaneously, the Subcommittee recognizes that WHO is not alone in having to reckon with these issues; it is widely recognized that the broader UN system and many other humanitarian and development organizations are facing the same challenges.

11. Through extensive consultations and desk reviews, the Subcommittee's work was driven by how to better support a survivor-centred approach across the Organization for all WHO staff and beneficiaries. It focused its review on policies, management structures, processes and procedures for PRSEAH. In addition, as per its terms of reference, the Subcommittee reviewed the Management Response and Implementation Plan for PRSEAH developed by the WHO Secretariat.

### **WHO actions taken in response to the Independent Commission report**

12. In response to the Independent Commission's report, on 21 October 2021 WHO launched a comprehensive Management Response and Implementation Plan<sup>1,2</sup> that identifies three overarching pillars for action: (1) providing support, protection and justice for SEAH survivors; (2) taking actions to address management and staff failures; and (3) improving PRSEAH through wholesale reform of organizational structures and culture.<sup>3</sup> The Management Response and Implementation Plan lays out over 120 corresponding actions that pave the way for the development of a three-year strategy. The Subcommittee appreciates the effort made in the Management Response and Implementation Plan to be comprehensive but is concerned with the feasibility of implementing these objectives within the time frames specified. Overall, the Subcommittee appreciates the humility and openness with which the WHO senior management responded to the findings of the Independent Commission and commends the

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<sup>1</sup> WHO unveils action plan to address findings of Independent Commission on DRC SEA allegations.

<sup>2</sup> who-management-response-20211020-finalv2.pdf.

<sup>3</sup> WHO Director-General's remarks at the press conference on the report of the Independent Commission on Sexual Exploitation and Abuse - 28 September 2021.

Director-General for his strong commitment to take the steps necessary to strengthen the prevention and response to SEAH.

13. Prior to the Independent Commission's report being released, the WHO Secretariat had already begun to revitalize outreach and engagement with other UN and non-UN partners, including the Inter-Agency Standing Committee (IASC); ensure a more coordinated UN-wide approach and compliance with UN standards; integrate PRSEAH training into induction programmes for the heads of WHO country offices; support the WHE to deploy staff with PRSEAH expertise for emergency responses in priority countries, using a risk-based approach; and introduce new recruitment standards for WHO staff and non-WHO personnel. These initial steps have gone a long way to signal the Organization's seriousness and sincerity in making PRSEAH an Organization-wide priority. However, for these gains to translate into long-lasting institutional change across all levels of WHO, they will need to be supported by meaningful cultural and structural changes and committed, predictable funding.

14. While recognizing the WHO Secretariat's tireless efforts today and in the recent past to rectify the old ways of handling incidents of SEAH, the Subcommittee recognizes the deep, lingering frustration expressed by Member States and staff about the lack of transparency, delays in responding to incidents and holding perpetrators accountable, and the defensiveness with which the Organization has dealt with SEAH in the past. Given this history, it is critically important now for the leadership and management to regularly communicate, both internally and externally, on the specific actions taken and progress achieved.

### **WHO policies, structures and processes to address PREASH**

15. During its consultations, the Subcommittee was briefed that WHO has a number of policies covering PRSEAH, including a policy to address sexual harassment of WHO staff (Policy on Addressing Abusive Conduct, 2021), a policy on SEA (adopted in 2017), the Code of Ethics and Professional Conduct (2017) and a policy on whistleblowing and protection from retaliation (2015). These policies and regulations are designed to provide guidance on definitions, prevention strategies (including training and awareness-raising), reporting obligations, resolution and accountability mechanisms and support for survivors. However, having evolved at different points in time and with different departments holding responsibility for different measures under these policies,<sup>1</sup> the policy landscape is complex, sometimes inconsistent, ambiguous and often too open to interpretation by internal management and different accountability functions. Navigating through multiple policies, each with its own scope, terms and provisions, does not facilitate or incentivize reporting or accountability in a way that could be deemed to be victim/survivor-centred.

16. Among the specific gaps noted in the current policy framework are the absence of explicit (written) provisions covering assistance for survivors of SEA, ranging from a lack of information on the progress of investigations, including any disciplinary sanctions, to a lack of capacity and resources for services that can be made available to survivors who need support (whether staff or beneficiaries). The United Nations Population Fund is the UN's technical lead in providing assistance to survivors of sexual violence, offering psychosocial support and counselling and medical treatment, including post-rape care kits, while UN-Women helps channel funds to civil society organizations through the UN Trust Fund to End Violence Against Women. In 2016, the Secretary-General also established the UN-wide Trust Fund in Support of Victims of Sexual Exploitation, Abuse and Harassment,<sup>2</sup> which directs funds to

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<sup>1</sup> Including the Office of Compliance, Risk Management and Ethics, the Department of Human Resources and Talent Management, OIS, and the Office of the Ombudsman and Mediation Services.

<sup>2</sup> <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/trust-fund>.

organizations providing such services. However, the operational mechanisms through which support is provided are not always clear or even feasible in country settings, due to different reporting lines, relationships and capacity. WHO staff (in headquarters and field offices) have access to two staff counsellors who also serve the needs of staff working for the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Computing Centre (UN ICC) and WHO hosted partnerships such as UNITAID and the FCTC, a number that seems grossly inadequate given the number of staff deployed to emergencies and the regular toll of work and stress on staff health and well-being.

17. The findings also revealed that there is a need for clearer referral pathways when responding to allegations, both internally (among accountability mechanisms) and in country, regional and headquarters offices, as well as between different UN agencies, in order to facilitate smooth, timely and safe exchange of information, while protecting confidentiality and the data-protection requirements of both alleged perpetrators and victims/survivors.

18. The existing policies follow an overly narrow definition of “beneficiaries”, which may leave affected persons in an administrative/judicial vacuum. The reliance on a one-size-fits-all, headquarters-based, centralized reporting mechanism for both staff and beneficiaries does not easily accommodate local differences in language or literacy and may be financially, technologically or culturally difficult to access and navigate. There is no distinction made between the different rights, capacities and needs of diverse individuals, including those with disabilities, and children. The Subcommittee was informed that WHO does not have a specific policy for child-safeguarding but as a part of the UN system, it follows UNICEF guidance on child-safeguarding. Lastly, decision-making responsibilities and accountabilities are not well or uniformly understood, particularly with regards to the respective roles and responsibilities of regional and headquarters offices.

19. While policy coherence is a critical step in strengthening the PRSEAH response, the experience of other organizations has shown that it is more often how policy is implemented and understood in practice that determines the effectiveness of response. In other words, a policy lever that is not attached to any consequence is not likely to have the intended impact. During their interviews with the Subcommittee, WHO staff highlighted that the implementation of policies by enforcing consequences remains a critical challenge both in the field and within the Organization. Staff surveys consistently reveal high levels of mistrust or scepticism in management’s ability and resolve to tackle this issue, which feeds a perception among staff that a culture of tolerance and impunity prevails. The lack of clear roles and responsibilities of the various accountability mechanisms and their lack of independence from the perceived influence of upper levels of management creates further disincentives to reporting.

20. The Subcommittee found that the current structures of the various accountability mechanisms are not designed to promote victim/survivor-centred responses. Although the concept of a victim/survivor-centred response remains fairly unevenly understood across different UN agencies, there is a broad consensus that victim/survivor-based systems place victim/survivor interests first; assure the provision of assistance and support (that is not contingent on any administrative or legal complaint being submitted or ruled upon); provide a clear end-to-end process from complaint to redress; and respect the basic human rights principles of informed consent and confidentiality. While no doubt intended to offer such a vision, the Subcommittee learned that various WHO accountability functions in practice are difficult to navigate and seem designed primarily to verify complaints and dispatch them to the appropriate mechanism, rather than to provide support and assistance to victims/survivors, which happens only once a complaint is upheld.

21. In its special report to the Director-General of 2018,<sup>1</sup> the IOAC underscored this fragmentation of WHO's grievance and redress system and the lack of coordination among the various strands of accountability functions<sup>2</sup> and between the three levels of the Organization. The Subcommittee's findings revealed that the same lack of coherence persists today. These findings mirror those of the Joint Inspection Unit of the UN, which found that "the investigation function continues to face significant problems including a continuing widespread and unacceptable degree of fragmentation of the responsibility for investigations".<sup>3</sup>

22. The Subcommittee also learned that the grievance mechanisms are continuously underused, suggesting a widespread lack of conviction in their efficacy, which is caused in part by the lengthy timeframes for investigations to be completed, a lack of transparency in how and what decisions are taken and a fear that the power of hierarchy will trump fairness and justice. The IASC Minimum Core Operating Standards recommend that investigations into SEAH be commenced within three months from the date of complaint and that information about the outcome be shared with the complainant.<sup>4</sup> Currently, WHO investigations take as long as two years or more to be completed. This is considerably longer than that of other comparable organizations (the UN-wide average is seven to eight months).<sup>5</sup> The Subcommittee also observed that WHO's investigative capacity is limited in both size and expertise: all investigations are handled by four investigators from the Office of Internal Oversight Investigation Unit at headquarters, although recruitment is under way of an additional two staff (Head and Team Lead of Investigations), who will assist in the implementation and oversight of the Independent Commission's recommendations. In addition, contracts have been approved through 2023 to scale up the capacity of the Office of Internal Oversight Services (IOS) specifically to address the backlog of cases.

23. IOS investigators are expected to cover all aspects of internal oversight, including fraud, corruption, harassment and sexual harassment, and therefore they do not necessarily have a specific profile or expertise in SEAH. The Subcommittee was also informed that the investigation function is located only at WHO headquarters, with no capacity in regional offices to investigate SEAH incidents. The Subcommittee notes that this most likely contributes to the heavy workload and backlog of cases at the Investigations Office and makes it less likely that SEAH investigations will be informed by an understanding of the cultural and political context that is needed for an effective response.

### **PRSEAH in field operations**

24. WHO has become increasingly operational in both humanitarian and other field settings, rapidly deploying an extensive network of personnel to respond to health needs and crises in partnership with other multilateral organizations and non-state actors. While this scale-up of capacity has allowed WHO

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<sup>1</sup> IOAC, Special report to the Director-General of the World Health Organization: [https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-special-report225e2118-8dd6-4a10-a2e7-39304dc95fb4.pdf?sfvrsn=6432914b\\_1&download=true](https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/ioac-special-report225e2118-8dd6-4a10-a2e7-39304dc95fb4.pdf?sfvrsn=6432914b_1&download=true).

<sup>2</sup> IOS, the Office of Compliance, Risk Management and Ethics, the Department of Human Resources and Talent Management, and the Office of the Ombudsman and Mediation Services.

<sup>3</sup> Review of the state of the investigation function: progress made in the United Nations system organizations in strengthening the investigation function, Report of the Joint Inspection Unit, 2020.

<sup>4</sup> IASC Minimum Operating Standards, Protection from exploitation and abuse from own personnel, 2012 <https://interagencystandingcommittee.org/system/files/2020-03/Minimum%20operating%20standards-psea%20by%20own%20personnel%202012.pdf>.

<sup>5</sup> Report of the Office of Internal Oversight Services on the evaluation of the prevention, response and victim support efforts against sexual exploitation and abuse by United Nations Secretariat staff and related personnel; UN document A/75/820.

to respond to concurrent public health emergencies, the risk of SEA has grown. The rapid deployment of staff and recruitment of non-staff personnel, coupled with the insecurity and violence that characterize such situations, substantially increases the vulnerability to SEAH and offers significant opportunities for abusive and exploitative behaviour. The Subcommittee notes that WHO is fairly new to the humanitarian space and should leverage its relationships with the UN and other partners and learn from other agencies who have longer experience in emergency operations, while also drawing on its own programmatic expertise on gender-based violence and the operational areas of related expertise, such as legal services and human resource management.

25. The events in the Democratic Republic of the Congo revealed once again the critical importance of clarifying WHO's role and responsibilities in emergencies and the accountability of staff across the different levels of the Organization. The Subcommittee was briefed that the WHO Emergency Response Framework (ERF)<sup>1</sup> aims to define the accountability of the three levels of the Organization (country offices, regional offices and headquarters). The Subcommittee notes that WHO should be accountable to the communities it serves, Member States and the non-state actors who provide resources for operations, as well as to the staff who serve the Organization. In its last WHA report,<sup>2</sup> the IOAC acknowledged that the second edition of the ERF is in process of finalization and welcomed the proposed integration of the prevention of SEA in the updated version of the ERF, which has yet to be approved. The Subcommittee reiterates that the revised ERF must provide greater clarity on the accountabilities and lines of authority across country offices, regional offices and headquarters, with explicit roles and responsibilities given to each player and updated procedures for all-hazards emergency risk management, including SEAH, based on the principle of a single programme across all three levels of the Organization.

26. Similarly, the Subcommittee took stock of the ways in which the human resources policy for recruitment, gender and diversity policies and staff contractual modalities might affect or impact on the management of and accountability for SEAH cases. While the incident manager serves as the overall lead of the incident management team and has the delegated authority to manage the emergency response, including finance and human resources management, the Subcommittee emphasizes the critical role of WHO heads of country offices in preventing and mitigating SEAH risks in graded emergencies, given their local knowledge and understanding of the cultural context. WHO country offices are best placed, under the supervision of the head of country office, to conduct background checks on candidates as part of the recruitment of staff and short-term consultants, in coordination with the incident manager, as well as to identify local resources to help prevent and monitor SEAH.

27. The findings of the desk review and interviews with other agencies indicate that there is a need for UN-wide efforts to strengthen the prevention and response to SEA, including to provide clarity on the accountability of the many different stakeholders who respond to emergencies. The Subcommittee observed that the United Nations scale-up strategy for ending the tenth Ebola outbreak in the Democratic Republic of the Congo included the pillar "Strengthened political engagement, security and operations support", under the responsibility of the Ebola Emergency Response Coordinator appointed by the Secretary-General. This pillar included the provision of a safer working environment and enhanced area security in order to improve acceptance and facilitate access for an effective, flexible and rapid response. However, there is no specific mention in the strategy of the risk of SEA, nor does it provide any guidance on prevention and risk mitigation for SEA as a part of strengthening security.

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<sup>1</sup> Emergency response framework (ERF), 2nd edition (who.int).

<sup>2</sup> Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.



28. Feedback from other agencies operating in emergency contexts suggests that more needs to be done to build the knowledge of local communities with regard to WHO policy and reporting on SEA, particularly those most at risk of SEA such as women and girls, and not just the knowledge of WHO's own staff and non-staff personnel. There is a need to engage local community members more actively to serve as the eyes and ears on the ground, by instilling in them the confidence and giving them the information they need in order to know what and how to report. Although the "integrity hotline", as a mechanism to report incidents, has been endorsed as an example of best practice, its continued underuse remains a cause for concern and suggests the need for more contextualized and localized solutions. Community members, grass-roots organizations and local NGOs can serve as a rich source of information and can play an important role as risk-management partners in complex and politically sensitive settings. However, in working with communities it is important to make a special effort to reach girls and women, because the power dynamics within local communities in most countries often favours boys and men. The Subcommittee notes that because community capacity varies significantly, support should be tailored accordingly, so that communities and local organizations understand the standards of behaviour and know who to contact in the event of violations.

### **Organizational culture**

29. Through its deliberations, the Subcommittee concluded that SEAH in any organization is the ultimate consequence and manifestation of a culture that perpetuates inequalities based on gender, income, race, ethnicity and many other social stratifiers, especially when supervision and accountability mechanisms are weak and unclear. This was a theme that was echoed by some of the staff and partners interviewed by the Subcommittee. They also described the culture in WHO as very hierarchical, characterized by a lack of transparency and accountability overall and a propensity for protecting institutional reputation over solving long-standing problems in an introspective and transparent manner.

30. The disproportionate number of men as compared to women in decision-making and leadership roles within WHO was identified by staff as one of the reasons for the dismissive behaviour towards complaints of SEAH. In 2018, when examining the percentage of women in leadership roles, the IOAC special report reported that in the WHE only 27% of senior posts (D1 grade and above) were held by women, as compared to 41% in WHO headquarters overall. The Subcommittee was briefed that little progress has been made since then. The lack of gender parity in leadership positions continues to be particularly acute in emergency operations, where concerns for the safety and security of personnel are often cited as reasons to restrict women's access to frontline leadership positions.

31. The Subcommittee also notes that insufficient diversity among international professional staff working in WHO, as well as disparities in country of origin in leadership and management positions, may exacerbate inequalities and power imbalances. Furthermore, findings suggest that the remoteness of field offices from appropriate oversight and a widely held perception that staff on fixed term contracts are less likely to face disciplinary consequences, coupled with the precarity of those with more temporary contracts may make it challenging to hold staff accountable. The lack of global mobility, with staff remaining in one location for long periods of time and becoming accustomed to certain behaviours and ways of working, was also noted as factor that made it difficult to change the views and behaviour of staff members.

32. In emergency settings, a focus on saving lives and distributing essential goods and services in often dangerous and highly volatile circumstances, fuelled by a passion to protect people from harm and establish control in chaotic situations, can sometimes perpetuate controlling, paternalistic and protectionist attitudes. When such attitudes are combined with the inequality that is inherent in a rigidly hierarchical organizational system or the inequity in humanitarian settings between those who have the

resources to distribute and those who are in need, the risk of an abuse of power and exploitation of the weak is heightened.

33. Also, in settings in which deployed personnel often work round the clock, under pressure to save lives and with limited opportunities for rest and recuperation, the risk of exercising poor judgement or not addressing issues such as SEAH is very high. However, exposure to a challenging context is no justification for unacceptable behaviour. On the contrary, it is an indication that more robust supervisory and accountability measures are needed to prevent those who might become perpetrators from doing so, or as one interviewee put it, “to ensure that decency triumphs over hierarchy”.

34. The findings suggest that although these risk factors are most prominent in emergencies, they are also inherent in the overall culture of the Organization and in the culture of humanitarian action. Changing this culture, the findings suggest, requires the sustained commitment, effort and investment of the leadership and senior management at all levels of the Organization to uphold the principle of zero tolerance for all forms of exploitation, abuse and harassment by taking steps to clarify accountabilities and delegation of authority; increase the coherence of policies and organizational structures; develop and implement a risk-informed and victim/survivor-centred approach to PRSEAH; strengthen organizational capacity and expertise; and promote a change in the organizational culture.

35. At the same time, while systems are critical tools for preventing and responding to SEAH, such abuse occurs because of people and not because of the systems or situations in which they operate. Ultimately, it is the responsibility of the leadership of WHO and managers at every level of the Organization to uphold its mission, values and purpose.

### PART III. RECOMMENDATIONS

36. The Subcommittee strongly endorses the intent and overall direction of the WHO management response and also commends WHO’s ambition to be “best in class” in PRSEAH. While recognizing the comprehensive nature of the management response,<sup>1</sup> the Subcommittee recommends that WHO prioritize actions and ensure that each of these actions be appropriately costed and funded. WHO should also clarify where the responsibility for the implementation of each action rests, whether with headquarters, regional or country offices, in WHO as a whole or in specific parts of WHO, such as the WHE programme.

37. The recommendations set out below highlight five priority areas in which WHO should immediately take action to strengthen and enhance a victim/survivor-centred approach to SEAH, in recognition of the fact that WHO is also accountable to the communities it serves. The Subcommittee emphasizes the interdependency of the following priority areas and sees them as the foundational steps towards achieving the ambition of being “best in class” in the future.

#### **Priority area 1. Clarify accountabilities, lines of responsibility and delegation of authority across the three levels of the Organization and strengthen the accountability framework for emergency response and other field operations, including for PRSEAH**

1.1 The WHO ERF should be revised to clarify accountabilities at all levels of the Organization, as well as across headquarters, and should clarify the scope and extent of delegation

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<sup>1</sup> WHO management response: who-management-response-20211020-finalv2.pdf.

of authority for all relevant functions.<sup>1</sup> In particular, the ERF should more clearly and explicitly delineate the accountability of managers for PRSEAH at headquarters, in regional offices, country offices and the incident management team, with clearly defined roles, responsibilities and accountabilities, and should be integrated and aligned with the WHO overall legal framework.

1.2 For emergency settings and field operations, given their local knowledge and understanding of the cultural context, the WHO representative and country office are best placed to support local recruitment, regardless of type of contracts, including special service agreements. Heads of WHO country offices and country offices should assist with the issuance of local contracts to national staff who are hired under the responsibility of the incident manager, by running reference checks and due diligence processes and ensuring the flow of communication on human resources deployment and recruitment between the field offices, business operations teams in regional offices and the headquarters deployment teams in Geneva. The heads of WHO country offices should also help in identifying local NGOs to engage with local communities to prevent and monitor SEA. Appropriate capacity of country offices and training for heads of WHO country offices and relevant staff in this regard should be put in place, with the necessary checks and balances instituted to prevent any malpractice in local recruitments.

1.3 Human resources teams in WHO country offices, regional offices and/or headquarters should also be individually responsible and accountable for validating the credentials of candidates and conducting a background check before a contractual agreement is made during regular and surge capacity hiring in their respective offices.

1.4 Human resources teams at all levels should liaise closely with investigative offices to ensure that the names of any identified, proven perpetrators are provided to the UN-wide screening database “ClearCheck”<sup>2</sup> with the aim of blocking offenders from any form of future employment within the Organization or across the UN. The names of all new recruits in WHO should be checked against that database prior to making an offer of employment.

## **Priority area 2: Reform the Organization’s PRSEAH management structure and accelerate the scale-up of organizational capacity to implement a victim/survivor-centred approach to PRSEAH**

2.1 A permanent function should be established at headquarters in the Office of the Director-General, held by a senior-level manager with relevant expertise who is appointed to oversee SEAH policy review, implementation and case management, reporting directly to the Director-General and the Independent External Oversight Advisory Committee (IEOAC). It should be the responsibility of this staff member to support and monitor the performance and coordination of the investigative functions using a common platform and according to standard operating procedures that enhance coherence and coordination across IOS, the Office of Compliance, Risk Management and Ethics, the Office of the Ombudsman and Mediation Services, the Department of Human Resources and Talent Management, and the Office of the Legal Counsel.

2.2 A new permanent subunit within the IOS at headquarters should be created to investigate allegations of SEAH, comprising staff with specialized expertise in PRSEAH. Investigations

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<sup>1</sup> Delegations of authority cover representation, security, work planning, human resources, finance and procurement.

<sup>2</sup> UN Clear Check: <https://unsceb.org/screening-database-clearcheck>.

should be conducted in a way that is confidential and sensitive to the capacities, rights and needs of survivors and communities, taking into account age, gender, sex, disability, ethnicity/race, language and socioeconomic status and other characteristics. Adding extra staff to the IOS will help to address the backlog of cases reported and accelerate existing investigations.

2.3 The availability, capacity and suitability of current support and counselling services for staff and victims/survivors in communities on SEAH should be reviewed and increased in headquarters, regional offices and country offices to ensure that specialist support is available, including guidance counsellors tasked with providing survivor assistance. Clear links with external providers who are locally available to provide counselling and psychosocial support should also be established.

2.4 The Director-General should appoint a focal point for SEAH investigations in each regional office, who will be responsible for scrutinizing misconduct in the respective regions, including identifying perpetrators of SEAH. Each of these regional focal points must report to IOS headquarters and the PRSEAH focal point in the Office of the Director-General in order to enhance the coherence of the system so that it covers the entire Organization, without fragmentation between headquarters and regions. Similarly, the ombudsperson's office in each region should be independent and report directly to the Office of the Ombudsperson and Mediation Services at headquarters so that there is consistency and coherence on management actions.

2.5 All WHO programmes that have large field operations, such as the WHE and the polio programme, should designate an expert at headquarters to oversee PRSEAH, working in close collaboration with the new PRSEAH senior staff member in the Office of the Director-General. The focal point should be equipped with technical expertise, tools and resources and should coordinate with the strong and expanding network of UN and WHO PRSEAH focal points, across countries and regions, prioritizing field operations that are deemed to be high risk.

2.6 To address the barriers that a hierarchical system places on staff reporting risky behaviour to supervisors, the Director-General should consider establishing a cadre of trained, trusted staff scattered across the Organization to serve as "speak-up guardians", to whom staff can talk confidentially about the behaviour of colleagues or supervisors that increases risk of SEAH and seek information and guidance on the way to report incidents and seek redress. For such a system to be effective, the "speak-up guardians" must be fully informed about the system for reporting and redress and be skilled in listening and providing support to staff.

### **Priority area 3: Invest in PRSEAH as an essential function**

3.1 The Director-General should allocate adequate funding to expand staffing for PRSEAH, as recommended above.

3.2 The Director-General should prioritize the resource allocation of the Programme Budget for 2022–2023 to strengthen the Organization's overall accountability and business integrity functions to aid in PRSEAH and other misconduct at all levels of the Organization.

3.3 For WHO to continue to serve as the "provider of last resort" in fragile and dangerous contexts, as the IOAC has stated repeatedly, Member States must recognize the urgency of increasing the proportion of the WHO budget that is unrestricted and flexible so that, as one interviewee stated, "WHO can have a spine that is strong enough to support its limbs".

3.4 While the establishment of a WHO Victims Assistance Fund is welcomed, it would be important to consider how this links to and works with the UN “Trust Fund in support of victims of sexual exploitation and abuse”.<sup>1</sup>

**Priority area 4: Develop and implement a context-specific, risk-informed, risk-management strategy for PRSEAH in field operations**

4.1 The levels of risk for SEAH in each field operation should be assessed periodically by incident management teams for graded emergencies and the heads of WHO country offices for other field operations. The strategies deployed by incident managers and heads of WHO country offices for prevention and response should be tailored to the level of risk, in close consultation with other UN partners on the ground, as well as local and national government representatives.

4.2 A scanning and mapping of community dynamics and local formal and informal resources should be conducted by heads of WHO country offices in order to identify community-based organizations or community leaders who represent those most vulnerable to SEAH, particularly women and girls, and who can serve as trusted partners in PRSEAH. Such partnerships can be useful to monitor community activities and identify the potential for SEAH incidents in field operations.

4.3 Incident managers for graded emergencies and the heads of WHO country offices for other field operations should ensure that field operations staff are comprised of experienced personnel, including female staff, who are trained in managing SEAH allegations and complaints, including against children. Incident managers need to be supported by WHO country offices, regional offices and headquarters to ensure that the human resources process is responsive to the stated needs/priorities for the staff profile, as reflected in any emergency human resources plan prepared by the incident manager/head of country office.<sup>2</sup>

**Priority area 5: Promote, advocate for and institutionalize culture change in order to strengthen PRSEAH, including greater gender and racial diversity, improved performance management and a renewed commitment to WHO values.**

Acknowledging that a change to the Organization’s culture requires simultaneous action in a number of areas to build a culture of equity, diversity and transparency, the Subcommittee reiterates the recommendations previously made in the IOAC’s special report to the Director-General<sup>3</sup> in the following areas:

- (a) Introduce mandatory cultural awareness and diversity training.
- (b) Further improve diversity within WHE and ultimately throughout the entire Organization, particularly in senior professional positions.
- (c) Develop a mobile professional workforce of international staff and improve recruitment practices to support diversity.

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<sup>1</sup> <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/trust-fund>.

<sup>2</sup> WHO e-manual XVII.2.3 Delegation of Authority.

<sup>3</sup> [https://www.who.int/about/who\\_reform/emergency-capacities/oversight-committee/ioac-special-report.pdf?ua=1](https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/ioac-special-report.pdf?ua=1).

- (d) Simplify and clarify the different strands of the grievance system and disseminate them widely to ensure staff awareness of various entry points for SEAH claims and build staff trust and confidence.
- (e) Issue a strong signal from senior management of the importance of independent oversight and reporting for grievance mechanisms at the three levels of the Organization.
- (f) Increase staff awareness of the Standards of Conduct for the International Civil Service.

The Subcommittee notes that although some work has been taken forward within the WHE, many of these recommendations require Organization-wide reform for them to be implemented meaningfully. In addition, the Subcommittee recommends:

5.1 The PRSEAH focal point in the Office of the Director-General, to build trust in the system, should issue transparent and regular (monthly) updates to all staff (globally), in collaboration with the IOS, the Office of Compliance, Risk Management and Ethics, the Department of Human Resources and Talent Management and the Office of the Legal Counsel, on the number of SEAH allegations and complaints received and action taken across all three levels of the Organization.

5.2 Managers at all levels must encourage staff to proactively report incidents of SEAH and the successful handling of SEAH incidents must be communicated more broadly to model a culture of transparency and accountability.

5.3 As recommended by the IOAC in the 2018 special report,<sup>1</sup> a system of 360-degree feedback should be introduced uniformly for managers and supervisors in order to greatly increase transparency and accountability within the Organization.

5.4 The values of the UN – notably dignity, respect for individual rights and freedoms, and non-discrimination – should be integrated into the WHO staff performance appraisal system by rewarding not only the results achieved and the timeliness of delivery but also the values that are promoted and adhered to in achieving those results. Ultimately, the organizational culture will change only if staff performance is rewarded for achieving a balance between results, speed and accountability. The IOAC will continue to monitor implementation of its previous recommendations and those contained in the present report.

5.5 The IEOAC's mandate should be expanded to monitor and oversee the implementation of the PRSEAH Management Response and Implementation Plan as a part of its audit and report its findings regularly to Member States.

## **PART IV. CONCLUDING REMARKS**

38. The Subcommittee recalls the IOAC recommendations contained in its 2018 special report address many of the issues raised in the present report and is disappointed that they have yet to be implemented. We were deeply disturbed to read the findings in the Independent Commission's final report and express compassion for the victims and survivors of SEA in the Democratic Republic of the Congo. We thank them for their courage in coming forward so that the perpetrators can be held to account and the system can be improved to prevent such abuse from recurring. The Subcommittee

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<sup>1</sup> IOAC, Special report to the Director-General of the World Health Organization, 2018.

reiterates that zero tolerance for SEA must be embedded across the Organization's culture and operations.

39. The Subcommittee recognizes the Director-General for his ongoing efforts to refine the internal policies, procedures and mechanisms to put a stop to future occurrences. The Subcommittee acknowledges that the World Health Organization is the only agency involved in the response to the tenth Ebola outbreak that opted for an Independent Commission and an external firm to investigate the allegations, even though it was not the only organization implicated in the incidents in the Democratic Republic of the Congo. The Subcommittee notes that those incidents should not be used to undermine the many WHO staff who served the community with commitment and dedication, nor should it in any way minimize the massive strides that the Organization has made in its ability to respond to health emergencies in often fragile and hostile settings.

40. Of paramount importance now is for WHO to work together, across the three levels of the Organization, to expedite the implementation of the recommendations contained in the IOAC special report and in the present report. It is only by working together, as one cohesive leadership team, that WHO can achieve its ambition of being "best in class" not only in PRSEAH but also as a global leader in health.

41. While the Subcommittee will be dissolved upon submission of the present final report, which marks the conclusion of its mandate from July 2021–January 2022, the IOAC remains committed to continuing to monitor programmatic elements of the WHE in emergency contexts, including PRSEAH.

42. We hope that WHO will continue to improve and evolve by applying the lessons learned to strengthen internal processes, procedures and policies across the Organization and achieve its ultimate function to champion global efforts in order to give everyone, everywhere an equal chance to live a healthy life.

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