

Prevention of sexual exploitation, abuse and harassment

Report by the Director-General

1. This report provides an update of the report by the Director-General on actions taken by the Secretariat in response to decision EB148(4) (2021) on preventing sexual exploitation, abuse and harassment that was noted by the Seventy-fifth World Health Assembly.¹ It also describes the implementation of the more comprehensive plan to strengthen the Organization's efforts to address this matter during the period February 2022 to October 2022. Earlier versions of this report were considered by the Executive Board at its 150th session in January 2022² as well as the Health Assembly in May 2022. The Board also adopted decision EB150(23) (2022), in which it decided to temporarily suspend in part Financial Rule XII, 112.1 in order to fast-track investigations of sexual exploitation and abuse or abusive conduct, and in its subsequent 151st session in May 2022 it adopted decision EB151(12) in which it decided to extend the temporary suspension of that Financial Rule with that provision to remain in effect until the 152nd session of the Executive Board.

2. During the period under review, the Secretariat continued to make progress on implementing the management response to the report of the Independent Commission to investigate allegations of sexual exploitation and abuse during the 10th Ebola virus disease outbreak in the provinces of North Kivu and Ituri of the Democratic Republic of the Congo.³ The Implementation Plan of the Management Response⁴ provides a unified framework for the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) across the Organization. The Implementation Plan is a living document that

¹ Document A75/29, noted by the Seventy-fifth World Health Assembly, see also document WHA75/2022/REC/3, summary record of the first meeting of Committee B.

² Documents EB150/33 and EB150/33 Add.1.

³ WHO. Preventing and responding to sexual exploitation and abuse: WHO management response to the Report of the Independent Commission to investigate allegations of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in the provinces of North Kivu and Ituri, the Democratic Republic of the Congo, of 28 September 2021. Geneva: World Health Organization; 2021 (https://cdn.who.int/media/docs/default-source/ethics/who-management-response-20211020-finalv2.pdf?sfvrsn=591a9adf_12&download=true, accessed 29 March 2022).

⁴ WHO, Implementation Plan (IP) of the WHO Management Response to the Report of the Independent Commission to investigate allegations of sexual abuse and exploitation during the response to the 10th Ebola Virus Disease epidemic in the provinces of North Kivu and Ituri, the Democratic Republic of the Congo. Geneva: World Health Organization; 2021 (https://cdn.who.int/media/docs/default-source/documents/ethics/implementation_plan_sexual_exploitation_response Ebola epidemic.pdf?sfvrsn=add0e790_4&download=true, accessed 12 December 2022).

incorporates new recommendations (see paragraph 4) and is updated regularly and is available on WHO's public website.¹

3. The Management Response is aimed at not only enacting the recommendations of the Independent Commission, but also realizing WHO's commitment to zero tolerance for any form of sexual misconduct by the Secretariat's staff and collaborators. Spanning the period November 2021–December 2022, it focuses on a set of short-term actions, primarily to respond to the most urgent matters identified in the Commission's report, and a set of medium-term interventions under three pillars: shift WHO's activities to a victim- and survivor-centred approach; strengthen the capacity and accountability of the WHO workforce to prevent and respond to sexual exploitation, abuse and harassment with a focus on the role of leadership; and reform the structures, systems and culture of the Organization. A more comprehensive three-year strategy for PRSEAH, scheduled to come into effect in 2023, is planned as a final deliverable of the Management Response Plan.

4. By early October 2022, 38% of the actions in the Implementation Plan had been fully implemented and 59% were in progress. Only 3% had not been initiated. In addition, recommendations made relating to PRSEAH since the launch of the plan have been tracked by the Secretariat: of the recommendations made by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, 45% have been fully implemented, 41% were in progress and 14% not yet initiated; of those made by WHO's Independent Expert Oversight Advisory Committee, which now monitors the work of the Secretariat in PRSEAH, 22% had been completed, 67% were in progress and 11% not initiated. All recommendations made by the Board at its 150th session and by the Programme, Budget and Administration Committee² in January 2022 have been implemented.

SHIFTING TO A VICTIM- AND SURVIVOR-CENTRED APPROACH

5. WHO's victim- and survivor-centred approach is based on the United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse,³ which states that agencies are "responsible for providing assistance to any victim of sexual exploitation and abuse perpetrated by personnel of their respective agency, fund or programme and, where appropriate, by personnel of implementing partners. Assistance is provided in accordance with the referral pathways at country-level; assistance may be provided directly by the United Nations agency, fund or programme, through contractual partnerships, and/or through collaboration with appropriate service providers at country-level." In September 2021, the Secretariat set up a Survivor Assistance Fund to provide holistic support to victims and survivors⁴ starting with those identified in the report of the Independent Commission. An initial sum of US\$ 2 million was allocated to this Fund and to date around US\$ 350 000 has been transferred to UNFPA and local nongovernmental organizations in the Democratic Republic of the Congo to provide a range of services (medical, psychosocial, legal, and economic rehabilitation through

¹ WHO. Preventing and responding to sexual exploitation, abuse and harassment. Geneva: World Health Organization; 2021 (<https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment>, accessed 14 November 2022).

² Document EB150/5.

³ United Nations, Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse, New York, United Nations, 2019 (https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf, accessed 30 November 2022).

⁴ The term "victim" is used by United Nations documents and instruments and by medical and legal sectors. The term "survivor" is thought to be more respectful and empowering. However, the Secretariat acknowledges that it is individuals who are affected by sexual exploitation, abuse and harassment who have the right to decide how they are referred to. Therefore, WHO uses the terms victim and survivor interchangeably.

livelihood training and financial support for survivors to start their own businesses). A local, women-led nongovernmental organization provides free legal services to survivors who want to pursue legal action in local courts. To date, 53% of identified survivors have received support. Partners on the ground cite several challenges that have hindered the provision of support including insecurity and conflict in affected areas, the difficulties in identifying survivors due to a lack of complete or incorrect information, and the need to ensure that survivors are not further endangered or stigmatized in the process. WHO has agreed to extend the agreement with UNFPA and to expand the service providers for victim and survivor support including more direct financial support to the Office of the Victims' Rights Advocate's field officer in the country. Smaller allocations from the Fund have been made to provide urgent care, travel and other costs related to victim and survivor support in several other countries, mainly in the African Region.

6. The Secretariat is developing a broader policy framework for elaborating and implementing a victim- and survivor-centred approach that incorporates the principles of the United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse, and expands the scope to include victims of sexual harassment within the Secretariat's workforce. The framework will encompass the whole safeguarding cycle, which includes identifying risks, taking preventive measures, ensuring safe and accessible reporting, responding effectively with investigation and services, and strengthening institutional learning.

7. A recent review¹ has confirmed the lack of shared understanding of a victim- and survivor-centred approach across the United Nations and humanitarian systems and highlighted the need to significantly revise community-based complaint mechanisms. In many countries where WHO is operational, gender-based violence referral services are weak and need strengthening. Frontline health workers need capacity to deal effectively and sensitively with survivors.

8. The Secretariat is proactive in taking this work forward with partner agencies and the Inter-Agency Standing Committee's Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment.²

9. A WHO working group on a victim- and survivor-centred approach has defined guiding principles and will make further recommendations for integrating the approach into the Organization's policies, procedures and practice.

STRENGTHENING CAPACITY AND ENSURING ACCOUNTABILITY

10. By September 2022, the United Nations mandatory training on PRSEAH, introduced in October 2021, had been assigned to 16 157 persons – staff and non-staff members – with a global completion rate of 93%. WHO's global induction programme continued to offer a module on PRSEAH. Materials are being developed for introduction into many training courses, for example: pre-deployment of health emergency responders, country readiness, Health Cluster Coordinators, frontline polio workers and Emergency Medical Teams, and members of the Global Outbreak and Alert Response Network and other networks and partners associated with WHO, including the WHO's Public Health Emergency

¹ 2021 IASC External Review of PSEA/SH. New York: Inter-Agency Standing Committee; 2021 (interagencystandingcommittee.org, accessed 14 November 2021).

² IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment. New York, Inter-Agency Standing Committee; 2022 (interagencystandingcommittee.org, accessed 14 November 2022).

Operations Centre Network. The training applies lessons learned and best practices from the United Nations system and the Inter-Agency Standing Committee.

11. In March 2022, WHO assigned its workforce a new United Nations mandatory training course – United to Respect: preventing sexual harassment and other prohibited conduct.¹ The completion rate as at September 2022 was 91% for all personnel and 89% for the additional module for managers. Nearly 9 out of 10 WHO managers have completed the module aimed at strengthening their skills to manage others for a more respectful workplace.

12. The engagement of personnel for preventing and responding to sexual exploitation, abuse and harassment intensified throughout 2022 as part of a #NoExcuse engagement campaign to ensure that each person working for and with WHO has a clear understanding of the zero-tolerance goals, knows and acts on their responsibility to report any suspicions, and is aware of the enhanced responsibilities of supervisors and managers. The Secretariat’s global team held briefings and training sessions for more than 15 000 staff members between January 2022 and September 2022, and WHO regional and country offices have held events that have reached thousands more.

13. WHO vacancy notices and procurement contracts now specify WHO’s position and conditions regarding PRSEAH. The #NoExcuse campaign was observed by all WHO personnel during WHO’s Goals Week (28 February–4 March 2022) when staff members and supervisors discussed performance goals and objectives for the year, including those related to PRSEAH. The week started with a letter from the Director-General and all six Regional Directors to each member of the WHO workforce outlining their expectations related to zero tolerance for sexual exploitation, abuse and harassment and for inaction against it. For the electronic performance management and development system in 2022, all supervisors were required to hold at least one team meeting to discuss PRSEAH and, with their teams, to select a team goal to be achieved. Staff members were expected to complete a series of learning, capacity-development and engagement activities throughout 2022, and all staff members must re-affirm their commitment to relevant policies before being able to submit their forms. As of the end of the year, supervisors are required to attest that everyone under their supervision has completed all mandatory training.

14. To develop skills for speaking up and to counteract the tendency towards silent bystanding, the Secretariat, together with the WHO staff associations, launched in October 2022 a series of seven multilingual webinars with a reputed service provider on skills for a “speak-up” culture.

15. Accountabilities and key performance indicators on PRSEAH have been codified in the latest version of WHO’s Emergency Response Framework, which will be further expanded to create an Organization-wide accountability framework for PRSEAH by the end of 2022. The framework being developed will clarify the responsibilities of all personnel and the accountabilities of managers and leaders.

16. WHO’s institutional capacity has been significantly strengthened during 2022. The Secretariat has allocated US\$ 50 million for work on PRSEAH at headquarters, regional and country offices. Funds have been distributed to all regional offices. About US\$ 30 million has been designated with country

¹ UN Academy. United to Respect: preventing sexual harassment and other prohibited conduct (<https://unacademy.un.org/thematicarea/detail?id=6#:~:text=United%20to%20Respect%3A%20Preventing%20Sexual%20Harassment%20and%20Other,2021-2022%20and%20is%20offered%20in%20its%20contents%20format> and <https://learning.unog.ch/node/25198>, accessed 22 November 2022).

impact in mind, with 46% of the funds being allocated to country offices, 18% to regional offices, 13% to headquarters and 23% to cross-organizational activities at all levels, including the Survivors Assistance Fund. About US\$ 10 million has been allocated to creating strong institutional capacity for investigational services into sexual exploitation, sexual abuse and sexual harassment and other forms of abusive conduct, and a further US\$ 10 million for reforming, streamlining and strengthening related accountability functions across the Organization. Guidance has been drafted outlining 10 core activities for PRSEAH at country level and the headquarters global team is supporting regional offices to include these funds and related budgeting in public health and health emergency programmes and initiatives.

REFORMING WHO'S SYSTEMS, STRUCTURES AND CULTURE

17. The new comprehensive policy framework (see paragraph 6) includes the following: prioritizing a victim- and survivor-centred approach and aiming to attain and sustain zero tolerance for any form of sexual misconduct. It includes elements such as:

- a WHO policy on preventing and addressing sexual misconduct – the collective term encompassing sexual exploitation, abuse and harassment – bringing all misconduct of a sexual nature under a single framework, as the drivers and principles and mechanisms for action of prevention and response are similar;
- amendments to the WHO policy on Preventing and Addressing Abusive Conduct policy¹ and procedures; these changes have been made in order to address overlap and inconsistencies with the new policy;
- a new policy on preventing and addressing retaliation, covering any form of retaliation, beyond sexual misconduct, and replacing the former policy and procedures of 2015.

18. The Secretariat is also developing an updated Code of Ethics and a new WHO legal framework for addressing non-compliance with standards of conduct with accompanying implementation guidance and tools for all planned policies in this framework. These policies and supporting material will be available on an interactive electronic/web-platform to ensure a user-friendly approach for the whole WHO workforce and external stakeholders.

19. End-to-end procedures for management of sexual misconduct incidents have been developed and are being tested. The aim is to ensure that gaps, delays, inefficiencies and lack of transparency are proactively addressed so that all the workforce and mandated officials involved in the process are enabled to play their role effectively, and that victims and survivors are treated fairly and respectfully while accessing the services they require. Standard operating procedures and related tools will be further developed.

20. In 2022 the Secretariat reformed and expanded its capacity to investigate allegations of sexual misconduct. A new Head of Investigations, empowered by decisions of the Executive Board to fast-track investigations into sexual exploitation, abuse and harassment,² has successfully established a team of 18 qualified investigators who use trauma-informed investigative approaches. The team cleared the backlog of cases by May 2022, and has set and is meeting a 120-day benchmark for completing

¹ WHO. Preventing and Addressing Abusive Conduct: Policy and procedures concerning harassment, sexual harassment, discrimination, and abuse of authority. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/preventing-and-addressing-abusive-conduct>, accessed 14 November 2022).

² Decision EB148(4) (2021) and decision EB150(23) (2022).

investigations into new allegations of sexual misconduct. The same team also handles abusive conduct investigations and is working towards clearing the backlog of these cases. The lessons learned during this interim arrangement and international standards are contributing to the reform and structure of the Office of Internal Oversight Services to ensure it is fit-for-purpose.¹ The misconduct investigation team makes public the aggregate figures on the WHO website.² The WHO integrity hotline has been streamlined and moved from the Department of Compliance, Risk Management and Ethics to the misconduct investigation team in the Office of Internal Oversight Services to further increase efficiency and reduce delays. In the past 12 months 60 cases of sexual exploitation and abuse and 35 cases of sexual harassment have been recorded – a steep rise in numbers of sexual misconduct reports that is believed to be due to increased awareness, concerted capacity-building, improved efficiencies in the investigation function and transparency measures such as the dashboard on investigations into sexual misconduct, all helping to enhance trust in the system.

21. A dedicated Department of Prevention of and Response to Sexual Misconduct has been established and funded, with five staff members recruited. Senior regional coordinators have been recruited for the regional offices for Africa and the Western Pacific, with others being recruited for the remaining four regional offices. Full-time experts have been recruited in six countries in the African Region and 10 more are being recruited in other priority counties. All heads of WHO country offices are now required to assign and empower at least one part-time PRSEAH focal point in their respective offices. By October 2022 WHO had a network of more than 311 such focal points in 131 countries, who are being supported with capacity-building and training activities; each one is required initially to complete a six-week certified external course on safeguarding.

22. A key activity of the Management Response to the report of the Independent Commission and the Implementation Plan was an independent audit to identify systemic barriers and weaknesses and to specify improvements to policy, process and procedures regarding the Organization's prevention and detection of and response to sexual exploitation, abuse and harassment. The audit was conducted by an international professional services network and was overseen by the Independent Expert Oversight Advisory Committee. The audit focused on the effectiveness of processes related to the reporting of allegations of sexual exploitation, abuse and harassment and the management of investigations as applied through the Office of Internal Oversight Services and Department of Compliance, Risk Management and Ethics between mid-2018 and mid-2021. The audit report, released in August 2022, contains 45 recommendations in the areas of: culture; organizational set up; roles and responsibilities; process guidelines and procedures; accessibility of information and resources; protection against retaliation; systems and support; training, policies guidelines and procedures; and awareness and access to information and resources. The findings and the recommendations largely align with the findings of the Independent Commission and with the WHO's Management Response Plan to the Commission's report. The report also corroborates the previously identified need for a review of the mandates, functions and structures of the Office of Internal Oversight Services and the Department of Compliance, Risk Management and Ethics, and highlights the need for the greater cultural change and protection against retaliation. The Secretariat is committed to implementing all the recommendations of the audit.

23. By mid-October 2022, the Director-General had approved a new structure for the Office of Internal Oversight Services which will be implemented by January 2023 and the Secretariat will follow-up with adjustments to roles and structures of other accountability departments. These actions will help to implement the end-to-end incident management system for allegations and introduce a victim- and

¹ See also document EB152/48.

² WHO dashboard into sexual misconduct investigations (<https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment/seah-dashboard>, accessed 14 November 2022).

survivor-centred approach to all work on preventing and responding to sexual misconduct by WHO personnel. The implementation of the audit recommendations will be integrated into the Management Response Implementation Plan and will be monitored by the Independent Expert Oversight Advisory Committee. Some longer-term recommendations, for example for culture change, will be integrated into the three-year strategy for PRSEAH that will come into effect in January 2023.

24. The Secretariat has made good progress on integrating sexual exploitation, abuse and harassment into the enterprise risk register and risk management approach. Following a full review of relevant existing risk assessment and management tools in other entities in the United Nations system, it piloted assessing risk in five countries. The tools assess inherent risks in countries (part A, to be completed by the WHO country office with United Nations entities and partner agencies), the risks posed by the WHO country presence (part B, to be completed by the country office), as well as the additional risks posed by operations entailing direct contact with communities or health emergencies (part C, to be completed by those leading the operations). Parts A and B will be part of the mandatory compliance tasks for the Head of each WHO Country Office on an annual basis. Part C will be done as needed and repeated more frequently. The risk assessment and mitigation exercise will be introduced in 2023 in all WHO country offices accompanied by training and field support by the global and regional PRSEAH experts and officials.

25. The Secretariat has initiated work to design actions for changing organizational culture and behaviour in its workforce. First, all recent data from WHO's commissioned culture-related work on PRSEAH, diversity, equity and inclusion and United Nations' and WHO's surveys, and reports were analysed. In October 2022, an external service provider, identified through a competitive process, commenced work, using one-on-one interviews with leaders and other stakeholders, focus group discussions with the workforce and an Organization-wide survey using an adapted version of an industry standard tool (diagnostic survey of institutional culture). This work aims to identify interventions to be integrated into the three-year strategy for PRSEAH.

SAFEGUARDING IN HIGH-RISK SETTINGS

26. Sexual misconduct by WHO's personnel and partners can occur in any setting but the risk is significantly increased during health emergencies and in programmes that bring WHO personnel and their partners into direct contact with communities in need of assistance. The two WHO programmes with the largest field presence in vulnerable settings – the WHO Health Emergency Programme and the Polio Eradication Initiative – are standing members of the Secretariat's Organization-wide PRSEAH task team. They have augmented their prevention and response capacity during 2022, establishing a special unit and placing a senior staff member in the director's office, respectively.

27. The Polio Eradication Initiative has incorporated PRSEAH in the polio outbreak response guideline, screened the database of experts for polio work through ClearCheck, stepped up training for personnel to be deployed, and contributed to strengthening of policy, practice and capacity at global level. It has also made funds available for hiring full-time PRSEAH experts in priority countries.

28. WHO's Emergency Response Framework has been updated by incorporating PRSEAH in emergency responses to facilitate mainstreaming and safe programming in field operations in order to reduce risks and ensure access to victim- and survivor-centred reporting and response mechanisms when needed. The Framework sets key performance indicators and defines accountabilities of emergency response leaders and heads of WHO country offices for PRSEAH.

29. Until a minimum package of interventions can be introduced in all graded emergencies, safeguarding against sexual exploitation, abuse and harassment is prioritized in response to grade 2 and 3 emergencies. Key actions in WHO's emergency response operations include the following:

- (a) safeguarding measures for recruitment and deployment: screening through ClearCheck, requiring all WHO personnel to sign a PRSEAH Code of Conduct that includes a clause on compliance with applicable WHO policies related to prevention of sexual exploitation, abuse and harassment and abusive conduct in all contractual modalities for WHO personnel and requiring all members of WHO's workforce (staff and non-staff personnel and other individuals who work at WHO) to undertake mandatory pre-deployment training on PRSEAH, with regular induction and refresher training courses during the deployment period;
- (b) safeguarding provisions for WHO Collaborating Centres and entities in official relations with WHO to ensure that external partners are well-informed of the Organization's policies and zero tolerance approach towards any form of sexual misconduct or other types of abusive or fraudulent conduct. Contractual provisions include measures to ensure that the conduct of the employees and any other persons engaged by external partners to perform any activities or to provide any services for WHO on behalf of the entities is consistent with the WHO standards of conduct, together with measures to ensure that external partners take action for prevention, protection, reporting, response, cooperation (with the Office of Internal Oversight Services), corrective measures, and disciplinary sanctions;
- (c) embedding a specialist for PRSEAH in the event-specific Incident Management System at the outset when an Incident Management System team is being established, reporting directly to the Incident Manager; these experts work with PRSEAH Focal Points in WHO country offices;
- (d) conducting risk assessments for sexual misconduct: a rapid risk assessment at the outset of the response operations followed by a comprehensive risk and needs assessment later in the response. The comprehensive risk assessment is either WHO-specific or implemented as a joint intervention under the coordination and leadership of the Inter-Agency Standing Committee PSEA Network or Task Force Coordinator. Joint rapid-risk and needs assessments for gender-based violence and sexual exploitation, abuse and harassment have been implemented in Poland and are underway for the responses to both the flood response operations in Pakistan and refugee operations in Ukraine;
- (e) integrating PRSEAH mitigation measures into plans of action, informed by a risk and capacity needs assessment within the Secretariat's Emergency Response Framework, response strategy, budget, advocacy and resource mobilization plan. Such integration is being done systematically for grade 2 and grade 3 emergencies. The WHO Health Emergencies Programme has developed generic planning templates and standard operating procedures for integrating PRSEAH needs in funding proposals to facilitate planning and resource mobilization at operational level;
- (f) collaborating and working with the Inter-Agency Coordination Mechanisms, such as the Gender in Emergencies working group and the Inter-Agency Standing Committee Technical Advisory Group, and contributing to the joint efforts of the sub-working groups, including those on accountability to affected populations, gender-based violence and global and child protection;
- (g) working with others to increase community level awareness on sexual exploitation, abuse and harassment, and supporting community-based complaint mechanisms.

30. To date, the Secretariat's specialists on PRSEAH deployed to ongoing emergencies have contributed to dissemination of standardized community messages and training, gender-based violence referral pathways, and sexual and reproductive health. In response operations in Ukraine, WHO is supporting the Inter-Agency Standing Committee's PSEA Task Force on the mainstreaming of protection from sexual exploitation and abuse among implementing partners, including coordination of their capacity assessments.

31. In all operations where Health Cluster mechanisms exist, efforts are being made to ensure mainstreaming and programming of PRSEAH in their activities. In the Ukraine response, Health Cluster partners are under consideration for capacity assessment and development as implementing partners to mitigate potential risks of sexual exploitation, abuse and harassment and to ensure compliance by implementing partners. In all operations, Health Cluster partners have been sensitized on PRSEAH, including the need for compliance.

32. WHO is currently operating in more than 51 high-risk countries. Safeguarding measures (paragraph 28) were implemented during the response to the 13th Ebola virus disease outbreak in the Democratic Republic of the Congo and are currently being implemented in responses to the crisis in north-eastern Ethiopia, the Lassa fever outbreak in Nigeria and the flooding in Malawi, and will be applied systematically within the WHO Health Emergencies Programme. All funding requests for preliminary emergency response operations benefiting from WHO's Contingency Fund for Emergencies are required to include a budget line on prevention of and response to sexual exploitation, abuse and harassment, with clearly articulated activities for implementation during the initial response period. At least 10 requests for such funding in 2022 thus far have satisfied this requirement, for instance WHO's responses to disease outbreaks in Afghanistan, Cameroon and Nigeria; flooding in Madagascar and South Sudan; the conflict in Ukraine; civil unrest in Sudan; COVID-19 in Guinea and Sierra Leone; and flooding and poliomyelitis in Malawi. In the Democratic Republic of the Congo, WHO contributed to the joint operational review of measures to prevent and respond to sexual exploitation, abuse and harassment following the containment of the 13th Ebola virus disease outbreak. This approach, with its enhanced focus on embedding PRSEAH in all emergency operations, aims to ensure the sustainability of safeguarding measures.

33. The capacity for PRSEAH of national governments where WHO has field operations, including their engagement to hold their personnel and partners accountable and to address inherent gaps in national capacities, remains an issue of concern requiring more advocacy and attention, especially in the context of mainstreaming and programming the matter in development settings. WHO is working closely with UNICEF and other United Nations entities on a global cooperation framework for prevention of and response to sexual exploitation and abuse with governments.

34. The WHO Health Emergencies Programme holds monthly meetings with heads of WHO country offices in fragile and conflict-affected countries to provide guidance and support, build capacity and strengthen leadership and senior management commitment in this area. A learning pathway on PRSEAH for all the Programme's staff members and focal points was introduced in January 2022. Further efforts continue on mainstreaming and integrating PRSEAH into all health cluster coordination platforms; to ensure improved gender balance in the Programme's operations; and to mitigate the risks of sexual exploitation, sexual abuse and sexual harassment. To deploy experts on PRSEAH to cope with its multiple emergency response operations, WHO is reinforcing its collaboration and partnerships with the standby partner mechanisms.

WORKING WITH UNITED NATIONS AND HUMANITARIAN STAKEHOLDERS

35. WHO continued to collaborate closely with other United Nations, Inter-Agency Standing Committee and humanitarian partners on PRSEAH. Key collaborations during the period under review include the following.

- (a) As part of the United Nations-wide collaboration, WHO adhered to planning and reporting requirements (including entering data on sexual exploitation and abuse on the United Nations iReport platform). WHO and the newly-appointed United Nations Secretary-General's Special Coordinator on improving United Nations response to sexual exploitation and abuse¹ prioritized three areas of collaboration for 2022: provision of support to implement the guidance note on information sharing on sexual exploitation and abuse; strengthening and reforming investigation services across the United Nations and humanitarian systems; and funding of two additional senior coordinators in priority countries. WHO already funds an Inter-Agency Standing Committee coordinator in Goma, Democratic Republic of the Congo.
- (b) Victim- and survivor-centred approach: examples include collaboration with the Office of the Victims' Rights Advocate in the development of WHO's PRSEAH strategy, which will put a victim-centred approach at its core; and collaboration in piloting consultations with and feedback from sexual exploitation and abuse victims and survivors in the Democratic Republic of the Congo and Haiti.
- (c) Training and learning: with United Nations Volunteers, WHO ran in June 2022 two workshops, in English and French, on sexual exploitation, abuse and harassment to 60 volunteers serving with WHO. WHO is supporting the International Organization for Migration in the review of the course content, and facilitated the delivery of the Inter-Agency Standing Committee coordinators' training on prevention of sexual exploitation and abuse (July 2022 and November 2022).
- (d) Expanding PRSEAH capacity: WHO is working with UNICEF and other United Nations entities to develop a global framework for cooperation with governments on prevention of sexual exploitation and abuse, within the context of all public health and humanitarian responses, that establishes shared obligations and a coordination structure for receiving and referring allegations of sexual exploitation and abuse.
- (e) Implementing partners: WHO is a member of the Implementing Partners Prevention of Sexual Exploitation and Abuse Working Group (UNHCR, UNICEF, WFP, UNFPA, WHO, United Nations Office for Project Services, International Organization for Migration, UN Women) that developed a package of resources to facilitate the operationalization of the United Nations Implementing Partners Protocol, including training. WHO is supporting the Inter-Agency Standing Committee Secretariat to pilot this package on assessment and capacity-building for implementing partners in the refugee response in Ukraine. The Working Group has also developed a module on preventing sexual exploitation and abuse for the United Nations Partners Portal that should be operational by the end of the year.

¹ United Nations, UN Special Coordinator. New York: United Nations; 2022 (<https://www.un.org/preventing-sexual-exploitation-and-abuse/content/un-special-coordinator-0>, accessed 14 November 2022)

(f) WHO worked closely with the Inter-Agency Standing Committee Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment¹ as an active member of the IASC Technical Advisory Group. WHO contributed to and supports the delivery of the IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (2022–2026) that comprises three strategic priority commitments: (1) operationalization of a victim- and survivor-centred approach; (2) promotion of lasting change in organizational culture, behaviour, and attitudes towards all forms of sexual misconduct in humanitarian organizations; and (3) supporting country capacity, prioritizing identified high-risk contexts, ensuring that PSEAH capacity is a systematic part of scale-up in response to crises.

OVERSIGHT

36. The Secretariat has provided quarterly updates to Member States as requested by the Board in decision EB148(4) (2021), together with ad hoc updates and briefings to Member States individually and in groups upon request. The Secretariat's work on PRSEAH is regularly monitored by the IEOAC.

37. The Secretariat met with the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, which is mandated to oversee WHO's progress on PRSEAH (see paragraph 4), the Management Response Plan and other recommendations made by governing bodies.

38. The Secretariat provides updated information on the public website, the sexual exploitation, abuse and harassment and misconduct investigation dashboard for all stakeholders, and responded to media queries.

CHALLENGES

39. The Secretariat has made progress on PRSEAH throughout 2022, but several challenges remain, some beyond the Organization's control.

(a) Addressing sexual exploitation, abuse and harassment is a shared responsibility across the United Nations and led by the United Nations Resident Coordinator/Humanitarian Coordinator in countries. However, many coordinators are not fully conversant with risks for sexual exploitation, abuse and harassment, and only a limited number of countries have coordinators or experts to support and coordinate the United Nations Country Team or Humanitarian Country team, and to develop and monitor a strategy on protection from sexual exploitation and abuse at country level. Without this capacity, community-based complaint mechanisms and national complaints hotlines and expanding preventive actions in joint operations (such as in health emergencies) will remain weak and ineffective.

(b) The engagement with governments and authorities in countries where WHO has programmes and operations needs strengthening. This is essential for gender-based violence referral services so that all victims and survivors, including those affected by sexual exploitation, abuse and harassment can safely access services. In joint operations with government personnel such as in outbreak responses, the engagement of the host government is essential for a collective

¹ IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment. New York, Inter-Agency Standing Committee; 2022 (interagencystandingcommittee.org, accessed 14 November 2022).

and coordinated approach to and to ensure that national authorities are aware of WHO's policies on preventing and addressing sexual misconduct and on preventing and addressing retaliation.

(c) The work on PRSEAH with implementing partners requires expansion in terms of institutional arrangements and capacity.

(d) The pool of experts available for PRSEAH roles and for deployment into health emergency operations remains small and needs a broader United Nations systems approach.

CONCLUSION

40. WHO is fully committed to realizing and sustaining zero tolerance for sexual exploitation, abuse and harassment and for inaction against it. The work done so far has contributed to setting the Organization on the right track and laid the foundation for years to come. WHO's three-year strategy for PRSEAH (2023–2025) aims to institutionalize the gains made in 2022 across the Organization. The Secretariat acknowledges that it has a long journey ahead.

ACTION BY THE EXECUTIVE BOARD

41. The Executive Board is invited to note the report; it is further invited to provide guidance in respect of the following questions:

(i) How can all Member States, particularly countries where WHO has operations, engage more with the Secretariat's efforts to safeguard against any form of sexual misconduct?

(ii) How can gender-based violence referral systems be strengthened in countries where WHO has presence, operations and programmes?

(iii) How can resources be mobilized in a predictable way for PRSEAH work, especially in high-risk contexts such as health and humanitarian emergencies?

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