

Prevention of sexual exploitation, abuse and harassment

Report by the Director-General

BACKGROUND

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 implementation of the WHO three-year strategy on preventing and addressing sexual misconduct (2023–2025), aimed at strengthening the Organization's efforts to address this matter during the period February to September 2023. Earlier reports on this matter were considered by the Executive Board at its 150th session in January 2022,² as well as the Health Assembly in May 2022,³ the Executive Board at its 152nd session in January 2023 and the Health Assembly in May 2023.

2. The Secretariat closed the WHO Management Response Plan⁴ introduced in November 2021 in 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 in the Democratic Republic of the Congo and reported to the governing bodies on its implementation. It launched the WHO three-year strategy on preventing and addressing sexual misconduct (2023–2025), which, together with its implementation plan for Year 1, are available on the WHO website.⁵

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

² See documents EB150/33 and EB150/33 Add.1.

³ See document A76/39, noted by the Seventy-sixth World Health Assembly.

⁴ 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).

⁵ Preventing and responding to sexual misconduct: WHO's three-year strategy 2023–2025. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366300>, accessed 1 December 2023).

UPDATE ON INCIDENTS OF SEXUAL EXPLOITATION AND ABUSE IDENTIFIED BY THE INDEPENDENT COMMISSION

3. In September 2021, the Secretariat set up a Survivor Assistance Fund to provide holistic support to victims and survivors¹ starting with those identified in the report of the Independent Commission. An initial allocation of US\$ 2 million was made to this Fund and to date around US\$ 350 000 has been transferred to the United Nations Population Fund and local nongovernmental organizations in the Democratic Republic of the Congo to provide a range of services (medical, psychosocial, legal and economic rehabilitation through 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. 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.

4. With regard to allegations of sexual misconduct during the 10th Ebola outbreak, WHO has shared information with national authorities in the Democratic Republic of the Congo, both through formal diplomatic channels and directly with two prosecutors handling cases in Beni and Butembo, respectively. WHO will share additional information as it becomes available and is appropriate and relevant.

5. As advised by Member States, WHO handed over to the United Nations Office of Internal Oversight Services all 83 case files related to allegations of sexual exploitation and abuse during the 10th Ebola outbreak in the Democratic Republic of the Congo. Approximately 25% are thought to pertain to allegations against WHO personnel. The rest were related to other entities operating in the outbreak or to individuals without affiliation. By the first week of November 2023, WHO had received from the United Nations Office of Internal Oversight Services 18 investigation reports related to the alleged perpetrators associated with WHO, including consultants and other contractors. Of these, 11 are substantiated and seven are unsubstantiated or inconclusive. Administrative disciplinary action is taken in all substantiated cases. In addition 21 cases were closed due to insufficient evidence, mistaken identity or where the alleged perpetrator was not a WHO collaborator. WHO has followed up on all these cases, including sharing information with national authorities, referring them to other agencies and issuing case closure letters to alleged subjects.

ORGANIZATION-WIDE WORK ON THE PREVENTION OF AND RESPONSE TO SEXUAL MISCONDUCT

6. The WHO Management Response Plan was closed on 31 December 2022 with 92% of its 150 actions implemented. The remaining 8% were transitioned into the WHO three-year strategy on preventing and addressing sexual misconduct (2023–2025), which came into effect in January 2023

7. The three-year strategy is the Organization's framework for institutionalizing zero tolerance for all forms of sexual misconduct. It aims to ensure that its personnel and implementing partners do no harm to the people WHO serves, or who its personnel and implementing partners work alongside. The strategy draws on lessons learned from implementation of WHO's Management Response Plan and was co-designed by experts, the WHO workforce and in consultation with Member States to achieve four

¹ The term "victim" is used in United Nations documents and instruments and by medical and legal sectors. The term "survivor" is thought to be more respectful and empowering. However, WHO acknowledges that individuals who are affected by sexual exploitation, abuse and harassment have the right to decide how they are referred to. Therefore, WHO uses the terms victim and survivor interchangeably.

main results in line with WHO's vision, namely: taking a victim- and survivor-centred approach throughout the safeguarding cycle; applying policies, procedures and practices that are supportive and promote safeguarding against all forms of sexual misconduct; being accountable for safeguarding measures against sexual misconduct in programmes and operations delivered by WHO staff and implementing partners; and supporting and demonstrating a culture of ethical, gender-equal behaviour in the workforce that protects everyone's right to a safe and equal workplace and prevents sexual misconduct. By the end of September 2023, the end of the first year, 40% of the planned 50 actions outlined in the implementation plan were completed, 55% were in progress and the remaining 5% remained to be implemented in the last quarter. Further updates will be supplied verbally to the Executive Board. The following sections are organized around the four expected results of the three-year strategy.

Result 1: Embed a victim- and survivor-centred approach across the safeguarding cycle

8. In March 2023, a new policy on preventing and addressing sexual misconduct featuring a strong victim- and survivor-centred approach came into force. It will be accompanied by an end-to-end sexual misconduct incident management system that is currently under development. Benchmarks, milestones and tools have been developed to strengthen empathetic communication and to provide the victim or survivor with access to improved services throughout the process.

9. In line with the United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse,¹ 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", WHO continued to strengthen its ability to provide such support services. One important mechanism is the WHO Survivor Assistance Fund which has been used primarily for survivors in the Democratic Republic of the Congo. Discussions have been held with key partners such as the United Nations Population Fund, the Office of the Victims' Rights Advocate and Member States on more strategic ways to address victim services, especially in the 15 priority countries where the risk of sexual misconduct is deemed to be highest.

Result 2: Institutionalize safeguarding from sexual misconduct in all relevant policies, procedures and practices

10. During 2023, the Secretariat revised and aligned several policies related to the prevention of and response to sexual misconduct: preventing and addressing sexual misconduct; preventing and addressing retaliation; a new Code of Ethics; and the policy on preventing and addressing abusive conduct. This completes the policy framework that will support the achievement and maintenance of zero tolerance for sexual misconduct, action against it, and addressing retaliation against those who report or bear witness. The policies have all been communicated widely to the workforce.

11. The end-to-end sexual misconduct incident management system includes a benchmark of 200 days – 120 days for the investigation phase and 80 days for the post investigation phase. A first-stage electronic system was established to track the process for cases of sexual misconduct and other forms of abusive conduct. Progress is monitored by the Director-General and the senior accountability team on a regular basis. To accelerate this work and extend similar efficiency and effectiveness practices to

¹United 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 14 November 2022).

other accountability areas, the Director-General has established the post of, and appointed, a Senior Adviser in his office to coordinate all accountability functions.

12. Consultations on the prevention and response to sexual misconduct accountability framework¹ were held across the Organization and with Member States. It came into effect in July 2023 and sits within the broader WHO accountability framework. It identifies, clarifies and communicates the key areas of accountability of individuals and functions across WHO² and sets out key areas of accountability related to the Organization's policies, strategies, enterprise risk register, emergency response framework and the end-to-end sexual misconduct incident management system, focusing on both prevention and response. Accountability holders are expected to meet all their listed obligations. They must also ensure that those obligations are upheld by others under their supervision and must promptly communicate with senior leadership when any obligation remains unfulfilled so that action can be taken by the Organization to prevent gaps in both preventing and responding to sexual misconduct. Roll-out of the accountability framework is synchronized with the three-year strategy and will be reviewed in 2025.

13. The Secretariat continues to collaborate with system wide policy requirements, such as use of the ClearCheck database for screening candidates and entering information on perpetrators of sexual misconduct to prevent their future employment within the United Nations system.

Result 3: Safeguarding WHO's operations

14. This section looks at three areas in which progress has been made: safeguarding community-facing operations – health emergencies and the poliomyelitis eradication programme, safeguarding against sexual misconduct risks posed by WHO's implementing partners, and the use of a standardized sexual misconduct risk assessment tool to safeguard our work in all countries.

15. Sexual misconduct by WHO's personnel and partners can occur in any setting, but the risk is significantly increased during health emergency operations 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 Emergencies Programme and the Global Polio Eradication Initiative – are standing members of the Secretariat's global task team on preventing and responding to sexual exploitation, abuse and harassment and have enhanced capacities for integrating and mainstreaming measures for prevention and response in their operations during 2023.

16. WHO has incorporated the prevention and response to sexual exploitation, abuse and harassment (PRSEAH) in its poliomyelitis outbreak response guideline; screened the database of experts working on poliomyelitis through ClearCheck; stepped up training for all personnel; and strengthened policy, practice and capacity at global level.

¹ Preventing and responding to sexual misconduct: WHO's three-year strategy 2023–2025. Accountability framework. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/WHO-DGO-PRS-2023.2> accessed 24 October 2023).

² Using 10 categories of personnel: all personnel; all supervisors; WHO Representatives; managers with key responsibilities in prevention of sexual misconduct – among them, directors with responsibility for internal oversight, human resources, compliance, risk management and ethics and the prevention of and response to sexual misconduct; regional coordinators with experience in addressing sexual misconduct and sexual exploitation, abuse and harassment; country focal points; the Executive Director of the WHO Health Emergencies Programme; regional emergency directors; regional directors; and the Director-General.

17. The WHO Emergency Response Framework (ERF) has been updated by incorporating PRSEAH in emergency responses to facilitate mainstreaming and safe programming in field operations in order to reduce risks, prevent incidents and ensure that victim- and survivor-centred reporting and response mechanisms are in place. The Framework sets key performance indicators and defines the areas of accountability of emergency response leaders, heads of WHO country offices, personnel and partners. The Framework additionally outlines minimum sets of interventions to be implemented in all graded health emergencies, while ensuring alignment with the Inter-Agency Standing Committee framework for protecting affected populations from sexual exploitation and abuse, and expected outcome measures. The WHO Health Emergencies Programme is developing a toolkit for use in graded emergencies, and is incorporating PRSEAH in emergency training materials targeting various audiences.

18. As of September 2023, WHO is responding to 42 acute and protracted graded emergencies across all WHO regions, 13 of which are grade 3; 25 are grade 2; and 4 are grade 1. The WHO Health Emergencies Programme has continued to deploy PRSEAH technical specialists to priority grade 2 and 3 emergencies to be embedded in the respective incident management support teams, with responsibilities for integrating PRSEAH in response operations. A global roster of PRSEAH experts is updated on an annual basis, and there is a standing agreement with the Stand-by Partners, the Norwegian Refugee Council (NORCAP), the Canadian International Civil Response Corps (CANADEM) and the German Center for International Peace Operations (ZIF) to deploy experts to graded emergencies in support of WHO.

19. Safeguarding from sexual misconduct by WHO's Implementing Partners progressed in 2023, with WHO taking a leading role, alongside United Nations partners, in developing and rolling out training on a digital module for assessing the capacity of Implementing Partners. In July 2023, WHO joined the United Nations Partner Portal module on preventing sexual exploitation and abuse which enables the Organization to access and share partner capacity assessments with United Nations partners.

20. In 2022, for the first time sexual misconduct was included as a global risk in the corporate risk register. In addition to tracking eight global risk indicators related to sexual misconduct, the Secretariat developed and tested a new sexual misconduct risk assessment tool. In 2023, the tool was rolled out and all WHO country offices are required to complete the risk assessment exercise leading to country-specific sexual risk mitigation plans. This is now an annual risk management exercise and is mandatory for all WHO country offices. It is also part of the country compliance checklist for which heads of WHO country offices are accountable.

21. At the request of the United Nations Secretary-General's Special Coordinator on improving the United Nations response to sexual exploitation and abuse, the Secretariat is also building capacity of United Nations agencies to use the tool. At the end of 2023, a review of the risk assessment and mitigation exercise will be held to further refine the tool and processes. A sexual misconduct risk management training has been developed and rolled out for WHO personnel and brown bag sessions are scheduled for United Nations and partner agencies.

22. All WHO contractual agreements have been reviewed to clearly state requirements for safeguarding from sexual misconduct and are being communicated to all WHO collaborating centres, stakeholders under the Framework of Agreement with Non-State Actors, and other contracting parties.

Result 4: Creating a culture of ethical, gender equal behaviour that protects the right of everyone to a safe and equal workplace and prevents sexual misconduct

23. Work over the past two years has shown that underlying contributors to sexual misconduct linked to organizational culture remain a challenge. They include a real or perceived power differential; lack of gender parity especially at senior levels; factors related to diversity, equity and inclusion; and a perceived sense of commitment to the mission of WHO at the cost of employee well-being and care.

24. A culture change plan for the next two to five years is expected before the end of the year, while ongoing activities that contribute to creating culture change continue. This includes a revitalized respectful workplace initiative in which addressing sexual misconduct has been integrated.

25. Regular pulse surveys which accompany monthly global virtual open-door sessions show that some of the actions already undertaken by the Secretariat are having an effect, and have also demonstrated that consistent awareness raising campaigns and staff engagement have the most impact. This was closely followed by the adoption of new policies, advocacy and the visibility given to sexual misconduct, as well as WHO's prevention and risk management actions.

26. Culture change was also positively impacted by regular frank conversations, training and open-door sessions, supplemented by field missions to regional and country offices. The impact on culture change is further evidenced by the increasing number of allegations of sexual misconduct, as well as a rapid rise in allegations of other forms of abusive conduct. Nearly 10 000 members of WHO's workforce have attended the four webinars or monthly open-door sessions run by the Director for the Prevention of and Response to Sexual Misconduct and other accountability leads from the areas of internal oversight, human resources and from the Director-General's Office during the first three quarters of 2023.

27. To date, in addition to internal training registration, more than 50 000 course registrations have been recorded on the OpenWHO platform.¹ The latter is accessed by both WHO staff members and external learners, including from national governments, non-State actors, civil society and United Nations and other partners.

28. By October 2023, United Nations mandatory training on protection from sexual exploitation and abuse, introduced in October 2021, had been given to 16 157 staff and non-staff members with a global completion rate of 93%. WHO's global induction programme continued to offer a module on PRSEAH. The induction of heads of WHO country offices also includes sessions and case studies on prevention of and response to sexual misconduct. In addition, the leadership in emergencies course, the frontline poliomyelitis workers package, and the Health Cluster Coordinators course also include specific modules on addressing sexual misconduct.

WORKING WITH UNITED NATIONS AND HUMANITARIAN STAKEHOLDERS

29. WHO continues to collaborate closely with other United Nations, Inter-Agency Standing Committee and humanitarian partners on PRSEAH, some of whom are mentioned in previous sections. Additional key collaborations during the period under review are described below.

¹ Available at <https://openwho.org/channels/prseah> (accessed 19 November 2023).

- (a) Planning and reporting: As part of collaboration across the United Nations system, WHO adheres to the planning and reporting requirements, including entering data on sexual exploitation and abuse in the United Nations iReport platform. WHO has disseminated the annual system-wide survey on protection from sexual exploitation and abuse which was launched in July 2023.
- (b) Victim- and survivor-centred approach: WHO collaborates with the Office of the Victims' Rights Advocate to design and pilot tools for assessing the safety and support needs of victims and survivors of sexual misconduct. WHO will also be supporting the Office in operationalizing the Victims' Rights Statement. WHO is working with the Inter-Agency Standing Committee on integrating the newly agreed definition of the victim/survivor centred approach.
- (c) Training and learning: The Organization has shared its prevention of and response to sexual misconduct risk management tool and risk management training with the Office of the United Nations Special Coordinator on improving the United Nations response to sexual exploitation and abuse, and will hold two learning sessions under the auspices of the Office in 2023 to share the tool with United Nations entities and non-State actors.
- (d) Expanding capacity in preventing and responding to sexual misconduct: WHO is providing both technical and financial support in the development of the Inter-Agency Referral procedures (formerly Community Based Complaints Mechanism). It is working with UNICEF and other United Nations entities on the development of a global framework for cooperation with governments on protection from sexual exploitation and abuse, which 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 Partner Protocol Working Group on the prevention of sexual exploitation and abuse, which includes UNHCR, UNICEF, WFP, UNFPA, the United Nations Office for Project Services, IOM and UN Women, and which developed a module on protection from sexual exploitation and abuse under the United Nations Partner Portal for a harmonized assessment and capacity strengthening process. It is the first time that the United Nations has been able to jointly assess, build capacity and monitor implementing partners via one digital platform, thus reducing duplication of effort.

STRENGTHENING TRANSPARENCY AND ACCOUNTABILITY OF THE ORGANIZATION AND ITS LEADERSHIP

- 30. WHO continued to participate proactively in inter-agency and United Nations system-wide efforts to strengthen accountability and transparency. The Secretariat ensured timely reporting of sexual exploitation and abuse cases to the United Nations Secretary-General's iReport system and participated in the United Nations annual planning exercise.
- 31. Internally, the Secretariat met all its reporting obligations on addressing sexual misconduct at regular governing bodies meetings. It 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.
- 32. From the second quarter of 2023 the Secretariat initiated quarterly media briefings following Member States' briefings to further enhance transparency.

33. A monthly newsletter is used as a regular means of communication with Member States and donors, as well as media, government agencies, workers in the humanitarian and development sectors, and the wider public.

34. The Director-General agreed to the proposal by the Independent Commission Co-Chairs and members for an external review of the implementation by WHO of the recommendations contained in the final report of the Independent Commission. The review was conducted from April to July 2023 and the Secretariat is awaiting the report.

35. The work carried out by the Secretariat on the prevention of and response to sexual misconduct is currently part of the ongoing assessment by the Multilateral Organisation Performance Assessment Network of the Organization for Economic Cooperation and Development (OECD). The ongoing evaluation includes, for the first time, a review of WHO's work on the prevention of and response to sexual misconduct as framed by Network Indicators.

36. As PRSEAH work in health emergencies was not covered by the Multilateral Organisation Performance Assessment Network evaluation, the Department for the Prevention of and Response to Sexual Misconduct and the Health Emergencies Programme are jointly commissioning a review of PRSEAH work in health emergencies to be conducted under the oversight of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

37. The Secretariat provides updated information on the public website and the sexual exploitation, abuse and harassment and misconduct investigation dashboard for all stakeholders and responds to media queries on an ongoing basis.

STRENGTHENING CAPACITY

38. WHO's institutional capacity has been significantly strengthened during 2023. The commitment to maintain at least US\$ 50 million for work on PRSEAH at headquarters, and regional and country offices was confirmed.

39. While core funds are available for core staffing and preventive work, work on PRSEAH in health emergency response does not have a sustainable source of funding. The fact that emergency appeals are never fully funded means there is a risk of work in that area being deprioritized.

40. Five of the six regional offices now have a senior P5 level regional coordinator leading the work on preventing and responding to sexual misconduct, exploitation, abuse and harassment in their respective regions. PAHO/Region of the Americas is the only region without a P5 coordinator, but it has finalized the recruitment process for this post and the candidate is expected to start work in January 2024. WHO now has full-time technical officers in several priority countries. In addition, a global network for addressing sexual misconduct composed of mostly part-time personnel numbered 407 in October 2023. Monthly capacity building events are held by the global team in addition to capacity building work conducted by regional coordinators.

41. In 2023, regional coordinators are accelerating implementation of the three-year strategy and results are being seen at country level. While the main achievements have been noted above, there are many examples indicating the extent and diversity of the work being carried out across the world.

CHALLENGES

42. The Secretariat has made progress on PRSEAH throughout 2023, but several challenges remain.
- (a) The end-to-end sexual misconduct incident management system must be improved, with a focus on:
 - (i) strengthening the integrity hotline which is currently not operational in all countries;
 - (ii) the post-investigation phase leading to disciplinary action; and
 - (iii) improving communication with victims and survivors throughout the end-to-end process.
 - (b) Work on assessing the risk of sexual misconduct and risks posed by implementing partners needs to be accelerated if safeguarding against sexual misconduct is to progress.
 - (c) Engagement with Member States at national level should be further strengthened, 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 and coordinated approach and to ensure that national authorities are aware of WHO's policy on PRSEAH.
 - (d) The pool of experts available for such roles and for deployment into health emergency operations remains small and needs a broader United Nations system approach.
 - (e) While coordination within the United Nations system is improving, more needs to be done to engage both resident and humanitarian coordinators in order to firmly embed preventing and responding to sexual exploitation, abuse and harassment into country level work across all agencies.

CONCLUSION

43. WHO is fully committed to achieving and sustaining zero tolerance for sexual misconduct, inaction against it and retaliation against those who report it. The WHO three-year strategy for preventing and responding to sexual misconduct (2023–2025) aims at institutionalizing the gains made so far across the Organization. The Secretariat acknowledges that it has a long journey ahead. Year one focused on institutionalizing the framework, tools and policies. Year two should focus on impact and change at country level accompanied by continued evolution of the organizational culture.

ACTION BY THE EXECUTIVE BOARD

44. The Executive Board is invited to note the report and provide guidance on the following:
- Implementation of Member State accountability in accordance with the WHO accountability framework for the prevention of and response to sexual misconduct.
 - Ways in which PRSEAH can be funded in health emergencies, so that a minimum set of actions can be taken at the outset of such a response to safeguard against sexual misconduct.

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