

Preventing & Responding to Sexual Exploitation & 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

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List of abbreviations

CBO	community-based organization
CSO	civil society organization
DRC	Democratic Republic of the Congo
EB	WHO Executive Board
GBV	gender-based violence
IASC	Inter-Agency Standing Committee
IC	Independent Commission
IEOAC	Independent External Oversight and Advisory Committee
IOAC	Independent Oversight Advisory Committee for the WHO Health Emergencies Programme
MRP	Management Response Plan
NGOs	non-governmental organizations
OIOS	UN Office of Internal Oversight Services
OVRA	UN Office of the Victim's Rights Advocate
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse and Harassment
PSEAH	Prevention to Sexual Exploitation, Abuse and Harassment
SEA	sexual exploitation and abuse
SEAH	sexual exploitation, abuse and harassment
UN	United Nations
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
VSCA	victim- and survivor-centred approach
WHO	World Health Organization

Part 1- Management Response

A. Statement by the Director-General

Sexual exploitation and abuse (SEA) can have no place in our societies, and no place in any organization, let alone at WHO, whose mission includes a commitment to serve the vulnerable. SEA is always unacceptable but is especially heinous when it is committed against vulnerable people by the very people who are employed to serve and protect them.

In response to media reports published in 2020 alleging incidents of SEA by people working for WHO during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo, I established an Independent Commission, which hired an external investigative firm to support its work, to investigate these claims and advise me accordingly. This is the first time that a United Nations agency has taken this approach, which we did because we wanted a truly independent inquiry into the events in North Kivu and Ituri, as well as an assessment of the management failures and structural weaknesses that enabled them to happen.

The Commission's findings – which include multiple allegations of rape and offers of employment in exchange for sex – are horrifying. I offer my profound and heartfelt apology to the victims and survivors of these appalling events, as well as their families and communities. I also offer my resolute commitment that I will take personal responsibility for ensuring your suffering is the catalyst for change that will prevent SEA happening in future in WHO. I am committed to zero tolerance for sexual exploitation, abuse and harassment by any WHO employee, and for inaction against it.

This report outlines the changes we will make as an organization to make good on that commitment. It addresses the recommendations of the Independent Commission and those of WHO's Governing Bodies relating to SEA but will also serve as a springboard to drive broader and sustained safeguards in all our offices, all our programmes and our responses to emergencies. The risk of SEA must be acknowledged, assessed and addressed in all our work.

At the heart of our response are the victims and survivors: we are committed to ensuring they receive the support and assistance they need. We will also create meaningful safeguards by making the needed changes to our policies, procedures, and practices. But we must go deeper to create a culture in which there is no opportunity for SEA to happen, no impunity if it does, and no tolerance for inaction. Everyone who works for WHO – especially leaders – must be in no doubt as to how they can prevent and respond to SEA. We are also committed to intensifying our work with the humanitarian and development sectors across the UN system, and all partners with which we work.

This is a living document, with a concrete Management Response Plan that will evolve into a comprehensive three-year strategy. In writing it, we have listened to the voices of victims, survivors and their communities, to our workforce and to our Member States. And we'll continue to listen and learn and to be transparent and accountable as we implement change. Our response will be urgent, but it will also be sustained. This will not be a one-time effort, but an ongoing endeavour to make meaningful and lasting change that will make zero tolerance not just a slogan, but a hallmark of our Organization.

B. Introduction

On 28 September 2021, the Independent Commission (IC) investigating allegations of sexual abuse and exploitation (SEA) during the response to the 10th Ebola Virus Disease epidemic in the provinces of North Kivu and Ituri in the Democratic Republic of the Congo (DRC) released its report (IC Report). The IC Report paints a harrowing account of victims and survivors of SEA and highlights the fundamental failure of the World Health Organization (WHO) to protect the very people it is entrusted to serve. This failure has dramatically impacted the lives of many innocent women, men and children and cast a dark shadow over the entire Organization. Now, WHO must honestly reflect on what went wrong, make amends and change the way it operates so that this type of widespread and egregious abuse can never happen again.

Included in this organizational response is the WHO Management Response Plan (MRP) which not only addresses the recommendations made by the IC in relation to the DRC, but aims to acknowledge and manage the broader risk of SEA in all WHO programmes and operations across the three levels of the Organization. It is based on consultation with staff and leaders across the Organization, and with external stakeholders and experts. It has an initial outlook of 15 months (October 2021 – December 2022) and includes the commitment to develop a three-year Organization-wide strategy for the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) for 2023-2025. This strategy will draw on lessons learnt from the MRP implementation period and also from other United Nations (UN) agencies and partners who can bring experience and insight to bear.

Our response acknowledges and builds on the recommendations of the 148th meeting of the WHO Executive Board (EB) in EB148/4 (EB148/2021/REC/1) in January 2021. This led to the establishment of the role of a dedicated Director of PRSEAH, reporting to the Director-General, and an Organization-wide Task Team to accelerate the EB recommendations. While important progress has been made by the WHO PRSEAH Task Team in the months before the IC reported, the IC Report highlights a broader and more urgent set of actions that need to be undertaken as a matter of priority. Actions taken to address SEA will also be used to inform and strengthen other policies and initiatives, such as addressing sexual harassment (SH) and other types of misconduct, the WHO's diversity, equity and inclusion and respectful workplace initiatives, and policies for improved gender, race and geographical balance.

WHO will integrate its work on preventing SEA within communities we serve, and by addressing sexual abuse and harassment of our own workforce, recognizing that sexual exploitation and sexual harassment have many common underlying structural roots in power differences, inequality – especially gender inequality – bias, privilege and discrimination. Therefore, while the IC Report focuses on SEA, the MRP will, when relevant, also refer to SEAH. The planned actions in the MRP however, focus mainly on addressing and preventing SEA and will dovetail with ongoing work on addressing abusive conduct of personnel, including sexual abuse and harassment in the workplace.

While the term PSEAH is referred to as Protection from SEAH or Prevention of PSEAH, WHO will use the term, Prevention and Response to SEAH (PRSEAH). In the MRP, the terms “victim” and “survivor” are used interchangeably: *Victim* is used in accordance with terminology used across the UN, and *survivor* is used as a more empowering term, acknowledging fully that victims of sexual misconduct are also survivors. The acronym VSCA will be used to refer to a victim- and survivor-centred approach.

C. What brought us here?

WHO will examine fully in the weeks and months to come the root causes and unaddressed risk factors that led to the tragic SEA of vulnerable women and men, as described in the IC Report. Among the key actions in this Management Response Plan are proposals to review the cultural and structural factors that led to the events in DRC, and which need to be addressed more broadly across WHO's programmes and operations.

These factors range from the individual to the institutional; many of them have already been identified by the IC.

As the IC Report makes clear, in the insecure and complex environment of the 10th Ebola outbreak and the accompanying rapid scale up, there were inadequate preventive measures such as: safeguards in the recruitment process; onboarding and training on individual and institutional accountability related to SEA; and a lack of sufficient priority to PSEAH issues, as well as missed opportunities to engage the community. In an environment where WHO is called upon to be increasingly operational and in direct service to communities, especially in high-risk settings, preventative measures are even more important.

The IC Report also highlighted failures in applying existing policy related to the prevention and response to SEA. We are already working to make the policy framework more robust. In addition, there was inadequate accountability for PSEA on the ground and throughout the Organization and, in particular, insufficient clarity around roles and responsibilities.

On a broader level, the IC Report also points to fragmentation in WHO's systems for PSEA and shines a spotlight on the need for a coordinated end-to-end approach. This points to the need to integrate SEA considerations into the entire employment and personnel management cycle, as well as taking an end-to-end approach to complaints, investigations and their resolutions.

We need systems that squarely put victims and survivors at the heart of WHO's work to prevent and respond to SEA.

WHO needs to move to a more systematic approach to assessing, managing the risk of SEA, and further mitigating residual risk based on the realities of field operations.

Sexual exploitation and abuse are a form of gender-based violence. Gender inequality is a root cause of SEA. Women and girls are disproportionately targeted for sexual exploitation and abuse in all settings, as was the case in DRC. Men are the most common perpetrators of SEA of women, children and men. A culture of male sexual entitlement and abuse of power usually directed at women and girls is prevalent globally. Lack of gender parity in WHO operational leadership and its response teams, which were predominantly led by and composed of men, may have contributed to an increased risk of SEA. In the humanitarian context described in the Report, unequal power dynamics between responders and communities were exacerbated.

D. What path will we take from here?

As the Director-General says in his introductory statement, WHO must completely rethink how we address SEA. The MRP will be ambitious, sustained and resourced. It will be monitored and evaluated. It will be grounded in accountability and transparency and will embrace an approach that works across the Organization and with all external stakeholders – the UN system, partners, Member States and civil society. It will be measured by the impact it has – in the lives of victims and survivors, in the way WHO staff, management and leaders behave and are held accountable; and in setting and meeting standards for best practice for PRSEAH. This will require structural and cultural change leading to robust policies, procedures and systems driven by a workforce who know and display our standards of conduct, and know and act quickly to prevent, detect and respond to SEA.

The MRP will address the specific recommendations outlined in the IC Report and respond to the recommendations of EB148, as well as incorporating any outstanding actions in the workplan of the PRSEAH Task Team. It is therefore consolidated, comprehensive and aims to lay the foundation for profound organizational change. While taking short-term actions to bring justice and support to victims and survivors, completing investigations into alleged managerial misconduct, and triggering a series of audits and reviews, WHO will make a sustained effort over the longer term to embed the work of PRSEAH into its policies, procedures, and systems.

The MRP will focus on:

- 1 **Putting the victim and survivor at the heart of prevention and response to SEA:** The Organization is committed to a victim- and survivor-centred approach that ensures the needs, preferences and rights of people at risk of SEA are put at the heart of the Organization's policy, practices and interventions for prevention, detection and response of SEA, and ensuring the rights and dignity of individuals and communities are protected and upheld.
- 2 **Engaging the entire workforce and clearly communicating and enforcing individual and managerial accountability:** The prevention of SEA is everyone's responsibility and every member of the WHO workforce – permanent or temporary – will be engaged to ensure that this responsibility is fully met. Reporting is everyone's obligation. Leaders, managers and supervisors at all levels of WHO are additionally responsible for creating a respectful work environment, leading by example and setting a proper ethical tone. These responsibilities will be elevated and clarified, complementing the reform of existing accountability mechanisms. Roles and responsibilities will also be clarified across the three levels of the Organization.
- 3 **Reforming WHO's culture, structures, systems and capacity:** Implementing a strong and multi-disciplinary risk-based approach accompanied by significant institutional capacity-building, including changes in policy, processes, practices, partnerships and platforms to create accountability, programmatic and managerial capacity, and oversight.

WHO's zero tolerance goals are twofold: Zero tolerance for SEA and zero tolerance for inaction in responding to SEA. This MRP aims to put WHO on course to becoming the best-in-class for preventing, detecting and responding to SEA, in strong collaboration with partners in the UN system, IASC (Inter Agency Standing Committee) and Member States.

Part 2: Management Response Plan

The WHO Management Response Plan (MRP) is presented in two inter-linked and overlapping sections

A: Immediate or short-term actions (mid-October 2021 to end March 2022): This phase mostly focusses on the most urgent recommendations of the IC Report, investigations and launching a series of internal reviews and audits.

B: Medium-term actions across three pillars (mid-November 2021 to end December 2022): This phase will focus on embedding a victim- and survivor-centred approach, framework and services; establishing and enforcing accountability and capacity of WHO personnel, managers and leaders for PRSEAH; and wholesale reform of WHO structures and culture. This builds on Phase A and outlines the actions for a broader approach and reflects the ambition of WHO for an organizational reset.

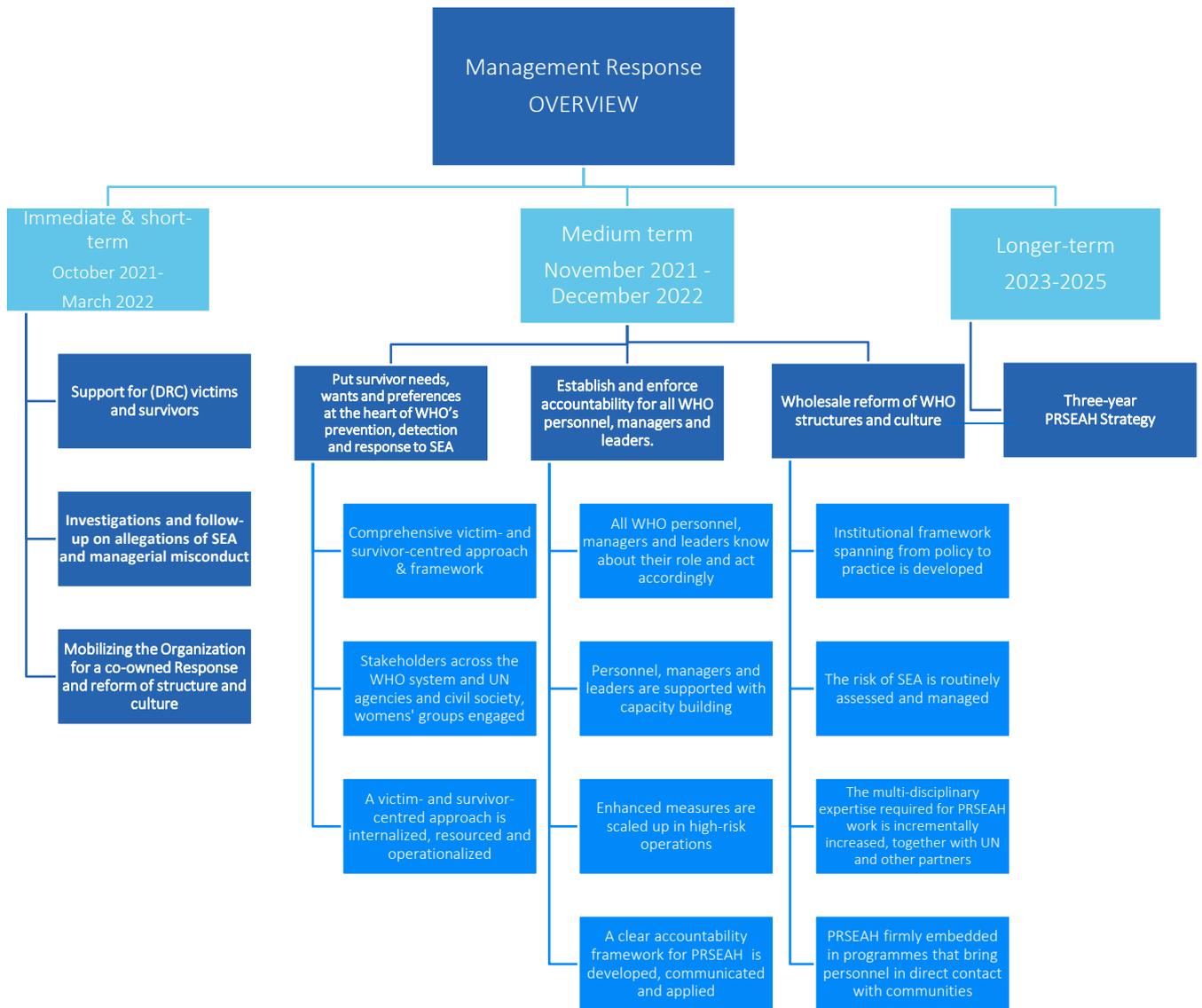
Phase B will integrate outputs and outcomes of Phase A. The MRP will be a living document, updated and shared regularly with internal and external stakeholders. While many of the actions are internal to WHO, many can and will be implemented together with the UN system, other development and humanitarian sector partners, Member States and civil society.

A workplan accompanied by timelines and naming responsible officers and teams will be developed and available on WHO's website by 31 October 2021. As noted previously, WHO will draw on lessons learnt during implementation of the MRP as well as experience and insights from the UN system, humanitarian and development partners, Member States and civil society, to develop a **longer-term three-year PRSEAH strategy** (2023-2025).

The MRP updates and progress will be available on WHO's website: [Preventing and Responding to Sexual Exploitation, Abuse and Harassment](#)

A graphic depiction of the MRP is provided in Figure 1 on the next page. Detailed activities are provided in the pages that follow.

Figure 1: Graphic depiction of the MRP



A. Immediate & short-term actions – until end of March 2022

These concrete actions respond to the most urgent recommendations of the IC Report and apply across the three pillars of action focusing on victims and survivors, WHO staff and leadership, and reform of WHO structures and culture.

In the days following the launch of the IC Report, WHO sent a senior team from its three levels to Goma, DRC, to report on the results of the Independent Commission's work. They provided information directly to women's leaders, the survivors' network and local authorities. Local authorities were engaged to ensure that victims and survivors received security and protection, medical care if needed, continued psychosocial support and legal and socio-economic support after a needs assessment, as well as support for children born as a result of sexual exploitation and abuse. Assistance will be provided by UN agencies, international and national non-governmental organizations (NGOs) and other members of the PSEA network in North Kivu, DRC. Currently, a total of 20 victims and survivors are receiving psychosocial support and medical care in Goma and Butembo.

The actions below will lay the foundation for the medium- and longer-term – approaches and actions that are needed for a zero-tolerance culture and institutional capacity:

- 1 Provide support for women by collaborating with partners at global level (through the UN Task Force on PSEA) and on the ground with the UN Office of the Victim's Rights Advocate (OVRA) and her DRC field focal points, UN partners (UN Population Fund [UNFPA] and UN Children's Fund [UNICEF]), the gender-based violence (GBV) referral network and civil society to ensure that all victims and survivors get not only immediate medical and psychosocial needs, but are supported in the following ways:
 - 1.1 Victims-survivors who experienced SEA are supported by:
 - 1.1.1 Coordinating with UN and local partners leveraging on existing mechanisms or by setting up listening mechanisms to understand victims and survivors' concerns and recommendations for improved prevention and response in the future;
 - 1.1.2 Ensuring with UN partners, national systems and local NGOs that the current GBV and other support and referral mechanisms have the resources they need to support victims and survivors;
 - 1.1.3 Empowering affected women and their communities through training for a sustained livelihood and with the equipment and resources for income generating activities;
 - 1.1.4 Providing support for legal action through UN and national stakeholders;
 - 1.1.5 Creating mechanisms for other relevant financial and material support;
 - 1.1.6 Provisioning of safe houses for victims and survivors to meet and access services, and ensuring other locations establish such safe spaces; and
 - 1.1.7 Assistance for travel and lodging to access services.
- 2 Children born of SEA are provided with:
 - 2.2.1. Support for education (school fees, books and supplies);
 - 2.2.2. DNA testing through the UN Office of Internal Oversight Services (OIOS) and the OVRA to support the assertion of paternity and subsequent rights to the nationality of the father; and
 - 2.2.3. Further psycho-social and medical support as needed.
- 3 Communities are supported by:
 - 3.1. Ensuring the complaints hotline for alleged incidents of SEA is kept open in local languages;
 - 3.2. Referring any community member who calls the complaints hotline to services, regardless of the status of a formal investigation;
 - 3.3. A joint mission to the affected areas in the DRC with UN and IASC partners to identify and address gaps in survivor and victim support and strengthening community awareness and community-based complaint mechanisms and networks; and

3.4. Engagement and support of civil society, including local women's groups and victims-survivors network, for awareness-raising, protection and support.

4 Investigations and follow up on allegations of SEA and managerial misconduct

4.1. WHO is requesting UN OIOS to carry out a review of, and where necessary, further investigation into all cases of alleged SEA identified by the Independent Commission, including those in which they identified an alleged WHO perpetrator. The aim is to identify further action to be taken in each case, in line with due process and a victim- and survivor-centred approach, which may include:

4.1.1 Referring cases that constitute a crime to national authorities for criminal investigation;

4.1.2 Referring cases not involving WHO employees to the other agencies involved or to other appropriate authorities for action;

4.1.3 Locating and informing alleged perpetrators of the allegations against them, seeking their response and making a formal finding in the case (or, in the case of serving staff, initiating disciplinary action);

4.1.4 Entering the names of alleged SEA perpetrators into the UN's ClearCheck database (where not already done) to prevent re-hiring;

4.1.5 Further investigation as necessary.

4.2 WHO is tasking the Independent External Oversight and Advisory Committee (IEOAC), an independent oversight body established by the WHO Executive Board and reporting to its Programme Budget and Administration Committee (PBAC), to:

4.2.1 Select an external investigation team and oversee the investigation into alleged managerial misconduct in respect of failure to initiate investigation procedures as described in the IC Report.

4.2.2 Select an external auditing team and oversee an audit into all SEA and SH complaints/cases received between mid-2018 and mid-2021 and a random sample of harassment cases received during the same period. This will include a process review and a review of the effectiveness of the overall end-to-end process.

4.2.3 Both the investigation and audit will be fully resourced and will be able to call upon expertise from within the WHO and the UN, as appropriate.

4.3 Meanwhile, WHO has taken, and will continue to take, appropriate action, including termination of contracts and entering names onto the UN's ClearCheck database, as sufficient information becomes available and in accordance with the applicable rules.

5 Mobilizing the Organization for a co-owned response and reform of structure and culture

5.1 All staff have been engaged in a global Town Hall

5.2 All Regional Directors, Department Directors and their teams have been asked to contribute to the MRP

5.3 Interim structures and personnel (until completion of the broader functional, cultural and structural review described above) to coordinate and lead on the MRP and the long-term work on PRSEAH, including:

5.3.1 Expansion and resourcing of the PRSEAH Department and empowering the Director a.i. for the implementation of the MRP, including implementing an interim staff plan for WHO headquarters, Regional Offices, and for the top 10 priority countries¹ and emergency operations accompanied by a staffing and activity budget and funding for the implementation of the MRP;

5.3.2 Strengthening of the existing WHO PRSEAH Focal point network of 45 (mainly part-time) personnel in 25 countries;

¹ The first 10 priority countries are also [IASC priority countries](#) due to the scale of operational requirements and risks. These are Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Ethiopia, Nigeria, Somalia, South Sudan, Sudan, Venezuela, and Yemen. At least one PRSEAH dedicated person at a minimum will be deployed in each of these countries.

- 5.3.3 In light of the recommendations emerging from the IC Report, revision of the Organization-wide PRSEAH Task Team functions, membership and integration of their workplan (which already includes EB 148/4 recommendations) into this MRP; and
- 5.3.4 Sourcing safeguarding expertise from Member States, partners and independent contractors.

B. Medium-term *three pillars of action* – until end of December 2022

Pillar 1: Put survivor needs, wants and preferences at the heart of WHO's prevention, detection and response to SEA

WHO's vision is that communities that we serve and come into contact with are systematically engaged so they know the standards of conduct to expect from our personnel; women and other vulnerable groups are consulted on and have access to complaint mechanisms according to their preferences; and victims and survivors of SEA, regardless of verification of allegations or status of investigation, have access to the services and assistance they need and want for the immediate and longer term. This pillar has three mutually linked outputs:

- 1.1. *A comprehensive victim- and survivor-centred approach (VSCA) for prevention, detection and response to SEA is developed.*
- 1.2. *Stakeholders across the WHO and the UN system are engaged on an ongoing basis on how the victim- and survivor-centred approach and framework will be operationalized and resourced through WHO and the broader system, including drawing on the support of external stakeholders, together with women's organizations, networks, local service providers, and host government personnel*
- 1.3. *A victim- and survivor-centred approach is internalized, resourced and operationalized by WHO, based on the framework and system-wide collaboration*

Specific actions include:

- 1.1 A comprehensive victim- and survivor-centred approach for prevention, detection and response to SEA is developed.**
 - 1.1.1 Create a working group to develop a WHO framework for services and assistance to victims and survivors (women, men and children), drawing on internal and external experts and practitioners.
 - 1.1.2 Develop a timebound action plan.
 - 1.1.3 Develop evidence-based tools for the victim- and survivor-centred approach to prevention, reporting and response to SEA for WHO Country Offices and all programmes, response operations and surge teams, including implementing partners, for addressing the victims, survivors, and children born of SEA.
 - 1.1.4 Integration of the victim- and survivor-centred approach in WHO policies, procedures and implementation guidance.
 - 1.1.5 Review and address current challenges and barriers for safe and accessible complaints mechanisms and support services for victims and survivors.
- 1.2. Stakeholders across the WHO and the UN system are engaged on an ongoing basis on how the victim- and survivor-centred approach and framework will be operationalized and resourced through WHO and the broader system, together with drawing on the support of external stakeholders including women's organizations, networks, local service providers, and host government personnel**
 - 1.2.1 Engage women's rights organizations, women's networks, community-based organizations and trusted interlocutors in priority countries in collaboration with the UN and WHO's focal point network and teams to:
 - 1.2.1.1. Assess best practices for victim- and survivor-centred approaches to prevent and respond to SEA;
 - 1.2.1.2. Engage in participatory action research and map experiences of women-led organizations and networks with the humanitarian and development sectors clarifying their involvement in addressing SEA, and identifying and addressing challenges and gaps, including the effectiveness and relevance of any formal and informal complaints mechanisms; and

- 1.2.1.3. Integrate and include women-led networks into overall PSEA systems including TORs for the WHO focal point, country office checklists and trainings.
- 1.2.2 Collaborate with and establish agreements with UN agencies, humanitarian actors, and service providers on systematic, predictable and sufficient support for victims and survivors
 - 1.2.2.1. Collaborate with the UN Office of the Victim's Rights Advocate and her field focal points to provide support to survivors and victims, scale-up prevention activities and ensure short- and longer-term packages of support for victims and survivors, and children born as a result of SEA;
 - 1.2.2.2. Work with the Office of the Special Coordinator on improving the UN response to SEA for system-wide learning and action for a victim- and survivor-centred approach and services;
 - 1.2.2.3. Work with the UN and IASC partners and engage donor Member States in a predictable operational support framework for resourcing the victim- and survivor-centred approach and services in high-risk settings;
 - 1.2.2.4. Clarify with UNFPA, national GBV networks and health systems, UNICEF, the UN High Commissioner for Refugees (UNHCR), and national and international NGOs the types, levels and access to SEA-related services, including for livelihood support for women, and education and other support to children born of SEA, and collectively seek to address gaps;
 - 1.2.2.5. Ensure existing GBV and health systems services are accessible and resourced for victims and survivors, and their children;
 - 1.2.2.6. Create faster and properly monitored mechanisms in high-risk settings, with the UN and IASC, engaging civil society organizations (CSOs) and community-based organizations (CBOs) for community awareness-raising on SEA and sustainably resource such activities;
 - 1.2.2.7. Engage the Protection cluster and GBV sub-cluster in humanitarian settings to create coherence and predictability in victim- and survivor-centred approaches and services;
 - 1.2.2.8. Engage the authorities of host countries to collaborate on prevention and response to SEA using a victim- and survivor-centred approach and associated actions and services; and
 - 1.2.2.9. Include additional steps to strengthen awareness and capacity among host communities, including the following actions:
 - 1.2.2.9.1. training local women staff hired during humanitarian response situations in how to speak up if faced with sexual exploitation;
 - 1.2.2.9.2. widely publicizing these new measures during future humanitarian situations;
 - 1.2.2.9.3. engaging regularly with community women, specifically about any concerns they may have regarding sexual exploitation and abuse;
 - 1.2.2.9.4. conducting regular community awareness and outreach specifically on preventing sexual exploitation by humanitarian workers as a key part of humanitarian and other field operation activities;
 - 1.2.2.9.5. earmarking a minimum share of funding for women-led CSOs and enlisting them as partners on prevention of and response to SEA.

1.3 A victim- and survivor-centred approach is internalized, resourced and operationalized by WHO based on the framework and system-wide collaboration

- 1.3.1. Create a WHO Victims Assistance Fund and develop clear SOPs on how to operationalize the release and use of funds through vetted, trusted local actors.
- 1.3.2. Pilot WHO's electronic anonymous Victim Assistance Tracking System (eVATS) to enhanced access to services in at least two priority countries or localities drawing on the WHO PRSEAH focal point network and in collaboration with partners to ensure victims and survivors are getting the support they need while ensuring privacy and confidentiality.
- 1.3.3. Create clear WHO SOPs for collaborating with the UN and IASC system, the Resident Coordinator/Humanitarian Coordinator (RC/HC) PSEA network for the end-to-end process from alerts and reports to victim and survivor assistance, and support and clarify roles and accountability of the WHO Country Representatives and Incident and Programme Managers.
- 1.3.4. Integrate awareness-raising on standards of behaviour of response personnel (including national personnel, implementing partners and volunteers) and means of complaints into WHO's risk communications and community engagement work related to health programming and health emergency response. Undertake this in collaboration with UNICEF and other social mobilization leads; develop and distribute standards for PRSEAH awareness-raising tools and materials and examples of tools to be used for beneficiary awareness-raising activities in local languages and using a blend of appropriate communication channels.
- 1.3.5. Conduct regular briefings for all WHO personnel and implementing partners on prevention and response to SEA and victim- and survivor-centred approach through briefings and trainings.
- 1.3.6. Map and engage together with UN and IASC partners services providers and referral systems, including GBV networks in high-risk settings to ensure a holistic package of services for victims and survivors as part of programmes and operations in countries and include these in response plans.
- 1.3.7. Regular reviews in partnership with women-led organizations, CSOs, UN and partner agencies and networks of the WHO victim and survivor support framework to support on-going quality control by identifying what is working and what is not working.
- 1.3.8. Scale up WHO's technical expertise on GBV, mental health and psychosocial support and other relevant areas for SEA, including proving such expertise to support for the Global Health Cluster, country-based Health Clusters and the WHO Incident Management System for health emergency response.
- 1.3.9. Develop the WHO Country Office and response operations benchmarks for actions that they must set to operationalize support, protection and justice for victims and survivors that offices will be evaluated on (e.g. CO/field offices participate in community-based complaint mechanisms that are jointly developed and implemented by the aid community and adapted to the specific locations, contexts for different partners and modalities used for programming).

Pillar 2: Establishing and enforcing accountability for all WHO personnel, managers and leaders.

The WHO vision is that all WHO personnel, managers and leaders know about and act on their roles and responsibilities for preventing, detecting and responding to any allegation of SEA. Together with Pillar 3, this pillar will create the mindset, clarity, leadership and working culture and accountability that is accompanied by capacity-building to achieve zero tolerance for SEA and zero tolerance for inaction.

- 2.1. All WHO personnel, managers and leaders know about their role in preventing, detecting and responding to SEA*
- 2.2. Personnel, managers and leaders are supported with capacity building to fulfil their respective roles for preventing, detecting and responding to SEA*
- 2.3. Enhanced measures for preventing, detecting and responding to SEA are scaled up in high-risk settings*
- 2.4. A clear accountability framework for preventing, detecting and responding to SEA is developed, communicated and applied*

Specific actions include:

2.1. All WHO personnel, managers and leaders know about their role in preventing, detecting and responding to SEA

- 2.1.1. The Director-General will write to all personnel clearly stating both the Organization's and his personal commitment to PSEA and the expected standards of behaviour, obligation to report and managerial responsibility, and this is provided to all new personnel and used as part of the induction of surge capacity personnel.
- 2.1.2. Launch a #NoExcuse global staff engagement campaign, run together with the WHO Regional Offices and the country support department at headquarters to ensure all personnel, managers and leaders know and display expected standards of conduct and take rapid action in response to SEA, prioritizing those at country or operational levels.
- 2.1.3. Hold briefings of all Directors, Heads of Country Offices and senior operations leaders across the Organization to state clearly their individual and collective responsibility for prevention, detection and response to SEA.
- 2.1.4. Ensure all managers and leaders are regularly discussing SEA prevention, detection and response risk, trends, resources and services with their teams.
- 2.1.5. Identify and engage internal champions for PRSEAH work.
- 2.1.6. Enhance the role of women leaders for strengthened accountability:
 - 2.1.6.1. Appoint female staff to senior positions in field operations.
 - 2.1.6.2. Require senior women leading the humanitarian response or field operations to conduct regular, confidential meetings with local women supported by CSOs to proactively detect the risk of SEA, alert on incidents and to ensure services are provided to victims and survivors.

2.2. Personnel, managers and leaders are supported with capacity building to fulfil their respective roles in preventing, detecting and responding to SEA

- 2.2.1. All staff to complete new mandatory UN training on PSEAH by the end of the year/ within 3 months of joining at regional offices and headquarters, and before deployment to the field.
- 2.2.2. An additional PRSEAH briefing (virtual or face-to-face) is a requirement for deployment to a country or field operation effective 1 January 2022.
- 2.2.3. All managers at country and field level are connected to and engage with RC/HC PSEAH network and take responsibility for implementing the IASC or UN country strategy or plan on PSEA.

- 2.2.4. Develop tailored training specifically for managers focusing on how to utilize internal mechanisms and tools to flag, escalate and receive support when they encounter reports of SEA in the field.
- 2.2.5. All deployed staff and country staff have regular face-to-face or virtual briefings on PRSEAH protocols upon arrival in and/or before deployment to the field.
- 2.2.6. WHO's PRSEAH focal points in countries and regions are enrolled and engaged in a continuous learning programme.
- 2.2.7. Implementation of WHO agency-specific training on PSEA, developed by the end of 2021 and translated into all six UN official languages, and, soon after, related training material developed in local languages for national staff and other support personnel, such as drivers and security guards.
- 2.2.8. Electronic SEA training passport (mobile phone application) with easy access to resources and refresher material piloted by the PRSEAH global network for use by personnel starting with priority countries and operations to ensure compliance.
- 2.2.9. Manager clinics on safeguarding set up for real-time advice and lessons learning.
- 2.2.10. Global roaming and virtual training team created.

2.3. Enhanced personnel and managerial measures for preventing, detecting and responding to SEA is scaled up in high-risk operations

- 2.3.1. Draw on lessons learnt from partners agencies who have experience in addressing managerial and staff failures and integrate into PSEAH work.
- 2.3.2. Complete the revision of the WHO Emergency Response Framework to address PSEA comprehensively and develop emergency SOPs corresponding to this, including roles of personnel, managers and leadership at the three levels of the Organization.
- 2.3.3. Assign senior PSEAH coordinators or experts permanently to the 10 highest risk countries to support managers and staff and deploy PSEAH experts to high-risk programmes and response operations.
- 2.3.4. Agree with the UN and IASC systems on funding for scaling up personnel for PSEAH work in health emergencies.
- 2.3.5. Develop and pilot SOPs for safe hiring during scale up to rapid-onset emergencies.
- 2.3.6. Systematically use ClearCheck (in emergencies and for routine hiring) for screening final candidates and upload names of perpetrators onto the database to prevent their re-hiring.
- 2.3.7. Set and apply PRSEAH standards for high risk countries and operations and socialize these among all relevant offices and teams.

2.4. A clear accountability framework for preventing, detecting and responding to SEA is developed, communicated and applied

- 2.4.1. Accountability framework for all personnel, managers and leaders at all levels of the Organization related to SEA is clarified and adopted by the WHO Global Policy Group and communicated focussing on actions by function/role, leadership level and consequences for failing to meet accountability standards.
- 2.4.2. Heads of WHO Country Offices, Regional Directors, Executive Directors, Assistant Directors-General, Regional Emergency Directors, Directors of Departments and Heads of WHO centres and outposted offices sign an annual assurance/compliance letter on PSEA, in which they state their work on SEA, including, for example, risk assessment, mitigation measures, recruitment, training and compliance, and support for SEA reporting and investigations.
- 2.4.3. Link the timely completion of SEA training to annual performance management outcomes (i.e. delayed completion will impact the performance assessment outcome).

- 2.4.4. All leaders, managers and staff have specific objectives related to the prevention and response to SEA in their ePMDS (2022) for complying with relevant policies and creating an enabling environment for PSEA and report on concrete actions they have taken and include SEA training and development activities as part of their annual development activities.
- 2.4.5. Integrate prevention and response to SEA into planned 360 performance appraisals to be launched by the Human Resources and Talent Management Department in 2022, supported by learning and development activities for addressing performance gaps, where appropriate.
- 2.4.6. Practices established for SEA are further expanded to include accountability for sexual abuse and harassment of the work force.

Pillar 3: Wholesale reform of WHO structures and culture

The WHO vision is that our structures and culture are radically reformed to create and sustain organization-wide institutional capacity – policy, procedures, practice, people, platforms and partnerships – that help WHO to reach its zero tolerance goals.

- 3.1 A robust institutional framework spanning from policy to practice framework is developed and implemented to prevent, detect and respond to SEA.*
- 3.2 The risk of SEA is routinely assessed and managed as part of a bigger risk management strategy and residual risk is addressed to the best of the Organization's ability.*
- 3.3 The multi-disciplinary expertise required for PRSEAH work is incrementally increased, together with the UN and other partners, and a pipeline of expertise is created.*
- 3.4 Prevention, detection and response to SEA is firmly embedded in programmes that bring personnel in direct contact with communities.*
- 3.5 A WHO longer-term three-year strategy is fully fleshed out and ready for launch by 1 January 2023.*

Specific actions include:

3.1 A robust institutional framework spanning from policy to practice framework is developed and implemented to prevent, detect and respond to SEA.

- 3.1.1. Hire external expertise to conduct a structural and functional review of leadership culture and institutional weaknesses directly and indirectly related to addressing SEA, aiming to improve the coordination between the three levels of the Organization, and to enhance clarity of reporting lines and accountability.
- 3.1.2. This review should include all accountability, enabling and programme structures with respect to both prevention and response and should draw on the results of the audit commissioned under short-term actions above.
- 3.1.3. Engage Member States and their experts in a dialogue around relevant course corrections and reforms of PRSEAH-related structures of the Organization.
- 3.1.4. Consult UN agencies and partners for best practices and identify areas for collaboration to make PRSEA interventions more effective.
- 3.1.5. Develop WHO standards for the prevention, detection and response to SEA and integrate these in policy, procedure and practice reviews.
- 3.1.6. Complete the review of WHO policies related to the prevention and response to SEA, considering best practices in other international organizations and drive a policy overhaul.
- 3.1.7. Clarify in the interim of implementing a revised policy framework priority challenges, including the interpretation of the term “beneficiary population”.
- 3.1.8. To ensure clarity of application of regulatory frameworks, develop PRSEA-related end-to-end processes with key performance indicators, including for:
 - 3.1.8.1. Risk assessment, risk management, and measures to address residual risk (based on main action points below);
 - 3.1.8.2. Reporting of incidents (for victims/survivors, the workforce, and witnesses/third persons);
 - 3.1.8.3. Investigation and related disciplinary processes;
 - 3.1.8.4. Human resource management from pre-recruitment and screening to training, performance management, termination of employment and related actions, including the following:

- 3.1.8.4.1. maintaining an updated roster for urgent recruitments in emergency settings, with candidates having been screened through background checks and references and having undergone compulsory PSEA training in the last 6 months;
- 3.1.8.4.2. requiring all hiring and service contracts for field operations to follow open bidding processes;
- 3.1.8.4.3. through innovative approaches, increasing the gender balance in hiring personnel for emergency and field operations;
- 3.1.8.4.4. requiring all hiring decisions in emergency and field operations to be made by a panel of three people, two of whom are women, whenever possible;
- 3.1.8.4.5. requiring inquiry into all cases of premature termination of contracts of women, including local women hired during emergency response; and
- 3.1.8.4.6. prioritizing the vulnerabilities that currently exist by reviewing the types of programs in the field (emergency vs non-emergency) versus the types of recruitments made to support the field work.
- 3.1.8.5. Management of implementing partners including personnel drawn from local, regional and national authorities;
- 3.1.8.6. Management of relations with collaborators and partners (e.g. networks, external experts, and WHO Collaborating Centres);
- 3.1.8.7. Services and assistance for victims and survivors and children born of SEA;
- 3.1.8.8. Communication with and engagement of communities.
- 3.1.9. Strengthen organizational policies and practices to promote a gender-equal organizational culture.
 - 3.1.9.1 Strengthen gender balance among national and international personnel, including in field operations and at leadership levels.
 - 3.1.9.2 Strengthen women's leadership and voice at all levels, including on the frontline.
 - 3.1.9.3 Mainstream gender as a core part of field operations including requiring sex- and age-disaggregated reporting, and gender analysis of all cases of deaths during emergencies; requiring proportionate representation of women in clinical trials and other research; promotion of continued sexual reproductive health services for survivors of gender-based violence and support resourcing of such services.
- 3.1.10 Integrate PRSEAH culture change and staff engagement actions with on-going Organizational-wide culture change initiatives (respectful workplace, Diversity, equity and inclusion initiatives, etc)
 - 3.1.10.1 Draw lessons learnt from such initiatives and develop a plan of action to integrate culture change related to PRSEAH work within them
 - 3.1.10.2 Engage the office of the Ombudsman as relevant

3.2 The risk of SEA is routinely assessed and managed as part of a bigger risk management strategy and residual risk is addressed to the best of the Organization's ability

- 3.2.1 Conduct a consultative process to develop a SEA risk assessment and mitigation tool for WHO that covers risk of SEA comprehensively, including in recruitment, procurement, relations with implementing partners, delivery of programmes, response delivery, scale up of surge capacity, cash transactions, etc. Ensure that the tool aligns with similar activities undertaken by the UN, IASC, and other partners.
- 3.2.2 Collate and share lessons learnt from the UN system, partner agencies, Member States and WHO's own experience so far to inform PSEA work going forward and conduct partner validation workshops.
- 3.2.3 Every WHO Country Office, in collaboration with local UN and IASC structures, should conduct a baseline SEA risk assessment in their national context, to be updated every two years and

whenever there is an emergency that requires national or international mobilization of personnel for response (in the latter case, the assessment can be focused on a specific subnational region where the event occurs). Findings from the biennial updates should be used to update staff information packages and the emergency-related updates should feed into deployment briefings for staff and the surge workforce.

- 3.2.4 Co-lead the IASC working group on scaling up PSEA in rapid onset emergencies.
- 3.2.5 Lead engagement of host governments in shared measures for PSEA between them and WHO and contribute to the IASC working group on the same.
- 3.2.6 Create a multi-disciplinary team for SEA safeguarding and risk assessment support for all WHO country operations, emergency operations and other programmes that engage with communities directly.
- 3.2.7 Integrate SEA risk assessment into the Organizational risk management strategy.
- 3.2.8 Develop a global electronic dashboard on SEA risk assessment and management and mitigation plans that is regularly used by global, regional, country and operational leadership and managers.

3.3 The multi-disciplinary expertise required for PRSEAH work is incrementally increased, together with the UN and other partners, and a pipeline of expertise is created

- 3.3.1 Create a pool of internal and external experts who can provide a pipeline of multi-disciplinary human resources (e.g. safeguarding, coordination, community engagement training, risk assessment, GBV, mental health, sexual and reproductive health, investigation, human resource management, programme and project planning) PRSEAH work at the three levels of the organization and for deployment, as needed, ensuring women are prioritized, with dual reporting lines to the global PRSEAH Department globally.
- 3.3.2 Contribute PRSEAH experts to the IASC coordination in priority countries.
- 3.3.3 Run regular lessons-learnt and peer-learning exercises internally and with external stakeholders to continually course correct, including in established UN system and IASC fora and mechanisms.
- 3.3.4 Contribute to the body of evidence for organizational practice for PRSEAH work through documentation of lessons learnt, best practices, and primary and secondary research, and support their publication to contribute towards global efforts to professionalize this area of work.

3.4 Prevention, detection and response to SEA is firmly embedded in programmes that bring personnel in direct contact with communities.

- 3.4.1 Assess and further strengthen the capacities of Regional and Country Offices to support operational and response programmes for effective PSEA work.
- 3.4.2 Strengthen and clarify the role of the Head of WHO Country Office within the Incident Management System in Grade 2 and 3 emergencies to ensure co-ownership as well as institutional accountability for both Government and WHO, leading to better responsiveness to suspected SEA incidents.
- 3.4.3 Integrate PSEA into programme and project work and relevant funding proposals in emergencies.
- 3.4.4 Define and provide a full package of PSEA interventions from risk assessment, prevention, early detection, response available for the Organization, including for emergency response.
- 3.4.5 Support the WHO Health Emergencies programme to integrate SEA standards and markers in outbreak and humanitarian response standard data gathering, surveillance, and analysis and their inclusion in management dashboards.
- 3.4.6 Ensure all managers and leaders (Incident Managers, Emergency Operations Centre Managers, Health Cluster coordinators) engage in continuous learning on SEA.
- 3.4.7 Ensure key WHO key partners – Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams, Standby partners, collaborating centres and others – have integrated

WHO standards, practices, and trainings into the preparation of personnel they deploy to WHO during health emergencies.

- 3.4.8 Conduct spot checks during health emergencies of application of PRSEAH standards and policies, include PRSEAH as a standing item in emergency operations meetings and incident management meetings, and an item that is reported to the leadership at country, region and global levels in a consistent and regular manner.
- 3.4.9 Key performance indicators for PRSEAH are embedded in the management and monitoring of health emergency responses and for other programmes.
- 3.4.10 Review and revise the surge capacity model for rapid onset response including by:
 - 3.4.10.1. Ensuring local, regional and national authority personnel and other implementing partners are screened and briefed, noting where this is not possible to a suitable standard and applying a risk-assessment in such circumstances;
 - 3.4.10.2. Discuss and integrate SEA prevention, detection and response considerations with host authorities and relevant officials as part of the response collaboration;
 - 3.4.10.3. Address gender inequality on response team leads and team members, including by:
 - 3.4.10.3.1. having pre-arrangements and prior training of female National Professional Officers (NPOs) from any programme in the Country Office and deploy them for emergency response operations in that country or in neighbouring countries, and ensure these NPOs are recognized and rewarded with career development;
 - 3.4.10.3.2. identifying and addressing barriers for the deployment of female personnel to health emergencies;
 - 3.4.10.3.3. requiring local, regional and national authorities to strive for more women to be assigned to the response under WHO and, if unable to do so, to clarify the reasons for not meeting the requirement;
 - 3.4.10.3.4. providing career incentives for female staff across the Organization to deploy to health emergency response operations and pre-train and prepare them;
 - 3.4.10.3.5. ensuring all IMS teams strive for gender parity.

3.5 A WHO longer-term three-year strategy is fully fleshed out and ready for launch by 1 January 2023

- 3.5.1 Review lessons learnt within WHO, UN partners, and the broader humanitarian and development sector for the prevention, detection and response to SEA and the institutional structure, culture and practices to achieve zero tolerance goals.
- 3.5.2 Establish clear benchmarks for performance for the prevention, detection, and response to SEAH.
- 3.5.3 Develop a strategic framework for WHO's work on PSEAH for the next three years (2023-2025) with clear goals and targets to ensure WHO achieves zero tolerance for SEA, and for enhanced work on the same across the UN system, IASC, Member States and key stakeholders.
- 3.5.4 Establish a strong monitoring and evaluation framework.

Part 3: Oversight

The Management Response to the IC Report, including the Management Response Plan (MRP), includes current and new actions for greater accountability, transparency and oversight. As such, the following key actions will be implemented:

1. With Governing Bodies and oversight mechanisms:

- 1.1. Defining the roles of the IEOAC and the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme in providing independent oversight and monitoring of the progress of WHO on the implementation of the IC recommendations as well as the broader commitments above
- 1.2. Quarterly Member States briefings on PRSEAH as mandated by resolution 148/4
- 1.3. Regular updates to WHO's governing bodies using standing agenda items or others proposed by Member States
- 1.4. Monthly PRSEAH programmatic updates via a newsletter and external website
- 1.5. Review of progress in the third quarter of 2022, to further improve the work for the PRSEAH Strategy for 2023-2025

2 With the wider UN and IASC system and partners:

- 2.1. Joint UN/IASC and Agency-specific field visits to validate and report on progress
- 2.2. Regular exchanges with the UN and IASC system for reporting progress, alignment and joint lessons learnt, and participation in key technical groups
- 2.3. Reporting out to Chief Executive Board (CEB) and other high-level UN mechanisms

3. With internal and external stakeholders:

- 3.1. Regular staff engagement
- 3.2. Regular webinars on complex, shared issues with internal and external stakeholders
- 3.3. Ongoing engagement with partners, the media and the public



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