

Preventing and responding
to sexual misconduct
WHO's three-year strategy
2023–2025

Monitoring and evaluation
framework Year-2 implementation
plan



WHO/DGO/PRS/2024.2

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List of abbreviations

CRE	WHO's Office of Compliance, Risk Management and Ethics
DGO	WHO's Office of Director-General
ERF	WHO Emergency Response Framework
GBV	gender-based violence
HC	UN Humanitarian Coordinator
HCT	Humanitarian Country Team
HWCO	Head of WHO Country Office
HRT	WHO's Human Resources and Talents Management Department
IASC	Inter-agency Standing Committee
IEOAC	WHO Independent Oversight Advisory Committee
IOS	WHO Internal Oversight Services Department
MOPAN	Multilateral Organisation Performance Assessment Network
PAAC	WHO Policy on Preventing and Addressing Abusive Conduct
PASM	WHO Policy for Preventing and Addressing Sexual Misconduct
POL	WHO's Polio Eradication Department
PRS	WHO Prevention of and Response to Sexual Misconduct Department
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse, and Harassment (used by WHO)
PSEA	Protection from sexual exploitation and abuse (used by the UN)
RC	UN Resident Coordinator
RDO	WHO's Office of Regional Director
SAF	WHO Survivor Assistance Fund
SEA	Sexual Exploitation and Abuse
SEAH	Sexual Exploitation, Abuse, and Harassment
SEC	WHO's Security Services Department
SH	Sexual Harassment
SHW	WHO's Staff Health and Wellbeing Department
SM	Sexual Misconduct
UNCT	United Nations Country Team
VSCA	Victim- and Survivor-Centred Approach
VSS	Victim and Survivor Support
WHE	WHO's Health Emergencies Programme

Introduction

[WHO's Three-year strategy for Preventing and Responding to sexual misconduct](#) was launched in 2023 and forms the basis of institutionalization of core measures to address sexual misconduct across the Organization.

During year one – 2023 –, 82% of the planned actions were completed and the rest incorporated into this document. [Year one](#) witnessed the establishment of a strong policy framework with accompanying processes and standards, the shift to a risk-based and victim and survivor-centered approach, massive scale up of workforce engagement and capacity building, and tangible improvements in the overall culture to prevent and respond to sexual misconduct by our personnel.

The year two implementation plan builds on achievements to date and shifts the focus to operationalizing the policies and procedures that were established in 2023 and building up safeguarding measures in countries and high-risk operations. The indicators and targets have been updated accordingly to reflect the journey towards making zero tolerance for sexual misconduct, for inaction against it and for retaliation against those who report a reality.

As for the previous year, the output monitoring, with indicators and targets, is integrated into Year 2 of the implementation plan and includes an indication of the level to which the Organization is responsible.

The Monitoring and evaluation framework is meant to be used in conjunction with the Accountability framework for the strategy.

In the fourth quarter of each year monitoring and evaluation data will feed into developing the implementation plan for the following year along with the monitoring and evaluation framework.

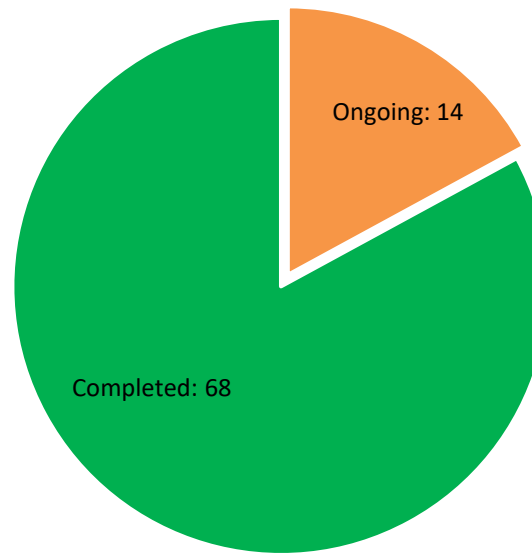
Updates of the implementation of Year 2 will be done during the PRSEAH Quarterly Member States briefings for continued transparency and accountability.

In Year 3, an external evaluation is planned.

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Completion rate for Year 2 Implementation Plan of the [WHO's Three-year strategy for Preventing and Responding to sexual misconduct](#) is recorded at 83% as of 31 December 2024. The remaining activities are carried forward and integrated in the Implementation Plan Year 3 (2024-2025).

Implementation rate: 83%



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I. Strengthen transparency and accountability of the Organization and its leadership						
Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
1.1	Regularly update websites and dashboards that provide information on key sexual misconduct prevention and response measures, including information on allegations and disciplinary actions in line with the sexual misconduct accountability framework.		Public dashboard on SEAH allegations and disciplinary actions	Monthly updates	IOS	Completed
1.2	Engage in regular internal and external stakeholder meetings, consultations, perception surveys with personnel, Member State actors (government and civil society), UN and humanitarian partners in order to receive feedback on their perception of WHO's accountability and transparency and ways to further strengthen measures.		Member states briefings	Quarterly briefings	PRS	Completed
			Reports to Governing Body meetings	Reports to PBACs, EBs, WHA, Regional Committee meetings	PRS	Completed
			Encourage WHO participation in UN SEA and SH surveys	As carried out by UN	PRS	Completed
1.3	Encourage and fully participate in external systemic reviews by, for example, Core Humanitarian Standard Alliance, Multilateral Organization Performance Assessment Network (MOPAN), WHO Independent Oversight Advisory Committee (IEOAC), UN Joint Inspection Unit and so on.		Participate in external review activities (e.g. JIU evaluation)	Participation in reviews as required	DGO PRS	Completed
			Analyze and share findings of reviews (e.g. MOPAN, JIU, etc.)	Brief Member States as relevant	PRS	Completed
1.4	Make discussions on individual and (if applicable) managerial accountability for sexual misconduct prevention and response part of institutional performance management processes and systems.		Targeted conversations on PRS accountability of Executive Mgmt. with Senior Management	At least one event per RO and one DG meeting with senior management	DGO RDOs PRS	Completed
			Management Letters on PRS completed	Annual exercise completed in Q1	DGO	Ongoing
1.5	Participate in UN (IASC) and humanitarian sector initiatives that aim to enhance accountability, transparency and information sharing of sexual misconduct prevention and response.		Participation in UN action-planning	Participation in processes on shared victim reporting mechanisms, VSCA, and sexual harassment work	PRS	Completed
			WRs confidentially share information on SEA allegations with UNRC/HC (as received by authorized WHO officials)	In at least 90% of reports	IOS PRS HWCos	Completed
			Annual Accountability letter by DG to SG	Annual – as required by SG	DGO PRS	Completed

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II. Embed a victim- and survivor-centred approach across the safeguarding cycle

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
2.1	Champion close collaboration with the UN Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA), the UN Office of the Victims' Rights Advocate (OVRA), the IASC Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment and relevant working groups in order to ensure that a meaningful victim- and survivor-centred approach is achieved, that risk communication and community engagement of at-risk populations is strengthened, and that communities are better involved in identifying sexual exploitation and abuse risks and determining preventive and mitigating actions.		Technical consultation on strengthening VSCA conducted with UN partners & key stakeholders	1 consultation	PRS	Completed
			Track and assess progress in community engagement and support for VSCA across Cos in collaboration with OVRA and IASC	By Q4	PRS	Ongoing
2.2	Establish and implement a WHO victim and survivor support function that coordinates holistic support to survivors across the three levels of the Organization, manages disbursements and the regular replenishment of the Director General's Survivor Assistance Fund (SAF), and coordinates activities with other UN actors (including the UN Trust Fund in Support of Victims of Sexual Exploitation and Abuse).		VSSO coordinates support for victims of SH and SEA	Annual support update	PRS	Completed
			Manage SAF operations and disbursements	Annual update	PRS	Completed
2.3	Help fill knowledge and systemic gaps that hinder an efficient victim- and survivor-centred approach by strengthening front-line gender-based violence case management capacity, including forensic capacity and the establishment of safe forums for discussing a victim- and survivor-centred approach and ensure continuous learning of the workforce on how to implement such an approach.		Training on VSCA rolled out to global PRSEAH network, accountability departments, senior managers, and WRs	75% of PRSEAH network and accountability functions & 70% of senior managers reached	PRS	Completed
			Services for SH and SEA victims mapped	Information available at 80% of major offices	GBV PRS SHW	Completed
2.4	Further strengthen the survivor-centred investigation process at WHO with clear standards for providing timely feedback to victims and survivors of sexual misconduct.		Conduct regular refresher training for WHO investigators on VSCA	At least 90% of investigation staff receive refresher	IOS	Ongoing
			Tools developed for investigators to better integrate VSCA	Tools/procedures available	PRS IOS	Completed
2.5	Create mechanisms for eliciting feedback from victims and survivors, their representatives, and relevant civil society organizations, on the services provided, and on inputs to further strengthen WHO's work on Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH).		Participate in CO-level consultations/studies with CBOs/CSOs	In 5 countries	PRS	Completed
			Conduct/participate in consultation for improving deep listening and feedback mechanisms	1 consultation	PRS	Completed
			VSSO to listen and document feedback of SH victims and prioritize remedy of key gaps	Summary results included in briefings	PRS	Completed

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III. Institutionalize safeguarding from sexual misconduct in all relevant policies, procedures, and practices							
Activity				Indicators	Target	Key responsible	Status as of 31 December 2024
3.1	Review all relevant policies to make them consistent with the WHO Policy for preventing and addressing sexual misconduct.			Convene annual policy implementation review meetings where policy modifications can be discussed	Annual meeting	IOS PRS CRE HRT DGO	Completed
				Integrate SM prevention elements in related policies (e.g. travel policy) as policy gaps emerge	Address identified gaps	PRS CRE HRT DGO	Ongoing
3.2	Develop implementation guidance, tools and checklists and regularly review and update related standard operating procedures, including for the recruitment and background checks of workforce members.			Develop guidance and SOPs for topics related to SM prevention and E2E SM incident management	At least 10 SOPs	PRS DGO	Completed
3.3	Develop and use a monitoring framework for policy implementation and regular policy/guidance updates.			Monitor implementation of Policy Framework policies	Policy monitoring findings integrated in briefings	IOS PRS CRE HRT DGO	Completed
3.4	Communicate widely to build the capacity of all personnel, partners, and managers to implement policy and adhere to procedures.			Develop communication materials on PASM policy and its implementation requirements for different audiences, incl. Collaborating Centres and Implementing Partners	Materials for CCs and IPs	PRS	Ongoing
				Provision of regular webinars on policy implementation	At least 4	PRS	Completed
				Run open-door Q&A sessions with Accountability Team	At least 4	IOS PRS CRE HRT	Completed
3.5	Cooperate closely with the UN and international and national development actors in order to facilitate information exchange on alleged and confirmed incidents of sexual misconduct perpetrated by job applicants or other potential collaborators.			Conduct ClearCheck verification for new recruitments and deployees	At least 95% of recruitments/deployees verified	HRT WHE POL	Completed
				Pilot OneHR background checks for recruitments	At least 95% of recruitments of external candidates in P-positions in HQ verified.	HRT	Completed

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IV. Ignite and sustain cultural change across the organization

Activity				Indicators	Target	Key responsible	Status as of 31 December 2024
4.1	Develop an organizational culture/behaviour change strategy and socialize it across the Organization.			Finalize culture/behaviour change strategy	Strategy published	DGO	Ongoing
4.2	Address structural barriers such as gender inequity, lack of diversity, equity and inclusion, and human resource management practices that create unchecked power differentials.			Implement gender-parity strategy	Implementation and reporting to Governing Bodies	HRT	Completed
4.3	Create and sustain safe spaces for dialogue with personnel, managers, and leaders on culture change.			VSSO to conduct "safe discussions" on sexual harassment with workforce based on UN best practices	Respond to needs expressed by staff	PRS	Completed
				Stimulate discussion around "difficult" topics	Release at least one #NoExcuse podcast per month	PRS	Completed
4.4	Build the capacity of personnel to facilitate culture change including the provision of clinics for managers and leaders.			Facilitate regular WR/senior manager clinics to discuss and align culture change approaches and share experience	At least 6 clinics	PRS	Completed
4.5	Conduct regular perception surveys and other forms of engagement with the workforce to assess the impact of culture change interventions and to course correct as needed.			Questions on sexual misconduct included in WHO perception surveys	All-personnel perception survey on a biennial basis	HRT PRS	Ongoing

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V. Prioritize high-risk situations – emergencies and other community-facing operations

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
5.1	Work with the WHO Health Emergencies Programme, the Global Polio Eradication Programme, and other community-facing operations to strengthen sexual misconduct preventive protocols and support ad-hoc capacity-building measures in settings that require a quick scale-up of locally recruited workers.		Emergency risk assessments conducted, and SM prevention training provided in all settings with rapid scale-up of locally recruited personnel	Implemented in all relevant G3 emergencies and at least two polio operations	WHE POL	Completed
			All 10 core activities (Annex 1) in high-risk situations uniformly applied in country field operations	At least 50% of high-risk WHO Country offices apply core activities	PRS WHE POL	Ongoing
5.2	Deploy full-time PRSEAH experts in high-priority countries.		Experts in place with risk-based action plans	At least 15 countries	PRS	Completed
5.3	Work under the leadership of the UN Resident or Humanitarian Coordinator (or the IASC) and contribute proactively to joint system-wide action for PRSEAH.		HWCos engaged with RC/HC and following UN/IASC requirements and protocols	65 countries by end of year	HWCos	Completed
5.4	Implement the PRSEAH commitments in the Emergency Response Framework.		PRSEAH KPIs in ERF V2.1 implemented in emergency operations	75% of new G3 and 50% of new G2 emergencies meet KPIs	WHE	Ongoing
5.5	Operationalize the UN Protocol on allegations of sexual exploitation and abuse involving implementing partners and share partner capacity assessment data through the UN Partner Portal.		IP assessment tool rolled out and capacity building of IPs implemented as required	15 high-risk countries and 15 emergency countries	PRS	Completed

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VI. Strengthen systems to identify and manage the risk of sexual misconduct

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
6.1	Require all heads of WHO country offices, regional offices, and WHO headquarters programmes to complete the annual sexual misconduct risk assessment and management exercise as part of their compulsory compliance activities and integrate sexual misconduct risk assessment data in corporate risk management and monitoring mechanisms.		Participatory annual sexual Misconduct risk assessment/ mitigation plan development exercise completed	At least by all priority countries and 70% of other countries	HWCos	Completed
			Tool for sexual misconduct risk assessment for RO & HQ programmes completed	Tool by Q4	CRE PRS	Completed
6.2	Develop tools and templates to support the development of risk mitigation plans at the country level, that are adaptable to country settings.		Use tools to implement mitigation actions based on identified risk and monitor impact	Collection of mitigation lessons learnt	PRS HWCos	Ongoing
6.3	Develop and deploy measures to mitigate sexual misconduct risks in the workplace and by external collaborators, such as external experts, advisors, networks, non-state actors and collaborating centres.		Have CCs complete IP assessments	At least 50% of new CCs or for CCs for which agreements come up for renewal in 2024	PRS	Completed
6.4	Conduct risk management trainings and other capacity-building activities across the Organization.		Online sexual misconduct risk management training developed and rolled out	Training package available in at least 3 languages by Q4	PRS	Completed
			Sexual misconduct risk management training rolled out face-to-face in high-risk settings	At least in 5 countries	PRS	Completed
6.5	Work with the UN and other international actors on the exchange of data to better assess baseline risk for sexual misconduct in different country settings or emergency contexts and to implement joint mitigation measures.		Work with UNCT/HCT to complete WHO SEAH risk assessment, and collaborate in risk mitigation actions and share information on risks and lessons learnt	In at least 15 countries in 2023	HWCos	Completed
			Work with UN, IASC and Global Fund on a common approach and sharing of data for SEA risk assessment, and conduct annual lesson learning exercises	Common approach or at least risk assessment data sharing	PRS	Completed
			Collaborate with UN partners in identifying and implementing joint/common risk mitigation actions in a structured way	Reporting on collaboration included in briefings	PRS	Completed

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VII. Build capacity and expertise for the prevention of and response to sexual misconduct

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
7.1	Assign training and track compliance of all personnel for mandatory training on preventing and responding to sexual misconduct.		Personnel completing UN mandatory training	90%	HRT	Completed
			Assign role-specific, targeted training to certain personnel	2 new trainings assigned to PRSEAH FPs, HWCO, and Directors	HRT	Ongoing
7.2	Implement blended learning pathways for the global network of PRSEAH focal points, WHO heads of country offices, and managers and leaders, and conduct regular regional and global level workshops, including for review of best practices.		Learning pathways for different job categories implemented	Pathways for PRSEAH FPs, HWCO, and Directors implemented	PRS	Completed
			Percentage of personnel from each category participating in the learning pathway	75% of PRS FPs 35% of HWCOs 20% of Directors	PRS	Completed
7.3	Integrate acknowledgement of PRS accountabilities into the performance management system for all personnel.		PRS accountabilities integrated in ePMDS form	By Q1	PRS HRT	Completed
7.4	Work with partners across the UN and development and humanitarian sectors to agree on learning requirements and competencies of PRSEAH specialists and contribute to the professionalization of this function across the international aid sector.		Develop learning material on PRSEAH in Public Health Emergencies	1 course in key official and local languages	WHE	Ongoing
7.5	Develop and support a global pool of multidisciplinary experts and service providers for different aspects of PRSEAH work: risk assessment, training and learning, capacitation for implementing partners, deployment into emergency operations.		Plan for development and enhanced availability of expertise for PRSEAH work developed in collaboration with UN and CSO partners	Plan by Q3, incl. for social scientists	PRS WHE POL	Completed
			Identify and train national PRS FPs to work in international deployments and support missions	5 national FPs trained and deployed	PRS WHE POL	Ongoing

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VIII. Fully implement the end-to-end sexual misconduct incident management system

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
8.1	Map out and agree on the functions required for implementation of a confidential end-to-end sexual misconduct incident management system, establish a clear division of labour among the different departments and service providers (for investigation, victim survivor support and disciplinary action) in order to intervene in an orchestrated manner, set timelines, procedures, standards, and communication protocols for communication.		E2E SM incident management system (SM-IMS) improvement steps (PRS perspective) shared with Accountability Functions for consideration	Improvement steps shared	PRS	Completed
			Overall tracking of functioning of all steps of SM-IMS	Quarterly reports to DG	DGO	Completed
8.2	Reduce further barriers to reporting and improve the way in which sexual misconduct events can become known to the Organization.		Improve integrity hotline operation	Review with service provider completed	IOS	Completed
			In IASC context, contribute to solutions for community-based reporting mechanisms	Contribute to CO-level work on reporting mechanisms	PRS WHE POL	Completed
			Encourage Member States to operate SM reporting mechanisms with direct link to UN agencies reporting systems	1 pilot	PRS	Completed
8.3	Roll out an effective case tracking system that follows incidents from reporting to IOS (formal entry point) through to disciplinary actions, capturing parallel actions, such as victim support and protection from retaliation, in one place.		Implement electronic tracking system for E2E SM incident management	Continue gradual improvement of tracking system	DGO IOS HRT PRS	Ongoing
8.4	Ensure WHO always has access to the relevant expertise to ensure fair, swift, and comprehensive management of sexual misconduct cases, involving mandatory continued professional development for all personnel intervening in the sexual misconduct incident management system.		Regular, targeted training and briefings for related personnel	Continued professional development activities for relevant investigators, SHW, CRE, HRT, and SEC staff	IOS PRS SHW CRE HRT SEC	Completed
8.5	Communicate transparently anonymized information on the intake, progress, and results of the sexual misconduct incident management system.		Anonymized monitoring data integrated into regular MS updates	In all quarterly MS briefings	IOS HRT	Completed

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IX. System-wide action with UN and humanitarian stakeholders, governments & civil society

Activity			Indicators	Target	Key responsible	Status as of 31 December 2024
9.1	Contribute to resourcing the pool of inter-agency PSEA coordinators and support their capacity building.		Interventions supporting IASC PSEA coordinators or their capacity	Contribute to co-funding to PRSEA coordinator positions (based on WR recommendation) up to 2 FTEs	PRS	Completed
9.2	Work with the UN/IASC on strengthening the victim- and survivor-centred approach.		Support to OVRA on the Technical consultation on VSCA with key stakeholders	Lessons learnt report shared with stakeholders	PRS	Completed
9.3	Provide concrete guidance to all WHO heads of country offices on strengthened collaboration with the UNCT/Humanitarian Country Team.		Guidance material on PRS integration in UNCT context	Guidance available	PRS WHE POL	Completed
9.4	Convene consultations with government counterparts on joint measures for PRSEAH.		Country-level engagement of government counterparts in joint actions	Pilot work with at least 3 MS	PRS	Completed
			Member State round table on Government- WHO collaboration on PRSEAH	Proposal by WHO for MS Engagement	PRS	Completed
9.5	Engagement of civil society and national counterparts on safeguarding.		Consultation with civil society and researchers to identify potential ways of enhancing collaboration and documenting best practices for PRSEA across the safeguarding cycle	Set of recommendations made public	PRS	Completed
			Engagement events for civil society and local actors in priority countries	Regular and structured engagement in at least 6 countries	PRS	Completed

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X. Develop and implement systems for monitoring & evaluation and learning back							
Activity				Indicators	Target	Key responsible	Status as of 31 December 2024
10.1	Develop and implement a monitoring and evaluation framework for the theory of change proposed in this strategy.			M&E framework for 3YS in place	This document	PRS	Completed
10.2	Obtain agreement on and roll out key performance indicators.			Framework agreed with Regional Coordinators	Agreement during Q1 PRS virtual global staff meeting	PRS	Completed
10.3	Develop a plan for the collection and communication of monitoring and evaluation data and reports internally and externally.			M&E plan reporting schedule established	Quarterly reporting inputs collected and shared at MS briefings	PRS	Completed
10.4	Establish regular lessons learned exercises – after-action reviews in health emergencies, simulation exercises, and annual best practice reviews which all contribute to the development of follow-up annual implementation plans.			Assess PRS implementation in health emergencies/Polio vaccination campaigns	At least 1 assessment per programme	WHE POL	Completed
				Outcomes of MOPAN review shared	By Q2	PRS	Completed
				Global review meeting	At least 1 per year	PRS	Completed
10.5	Conduct at least one external evaluation exercise with a competent service provider.			Participate in JIU evaluation	All relevant documents provided to JIU and key informants made available to evaluation team	PRS IOS CRE HRT DGO	Completed
				Evaluation to be conducted in 3Year	Service provider selected	PRS	Not tracked