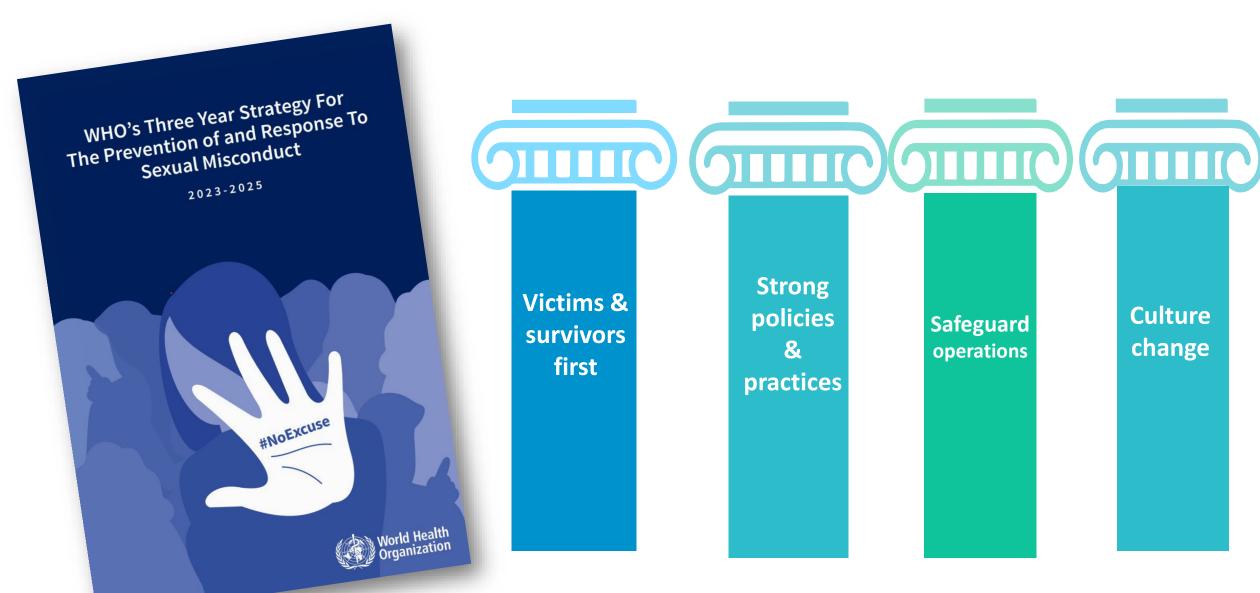
Quarterly Member States Briefing PRSEAH (Q3, 2023)

Dr Gaya Gamhewage
Director, Prevention & response to Sexual Misconduct
Office of the Director-General





3-year Strategy





Strengthen transparency and accountability of the organization and its leadership



Strengthen systems to identify and manage the risk of sexual misconduct



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



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

10 Core Actions



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



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



Ignite and sustain cultural change across the organization



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



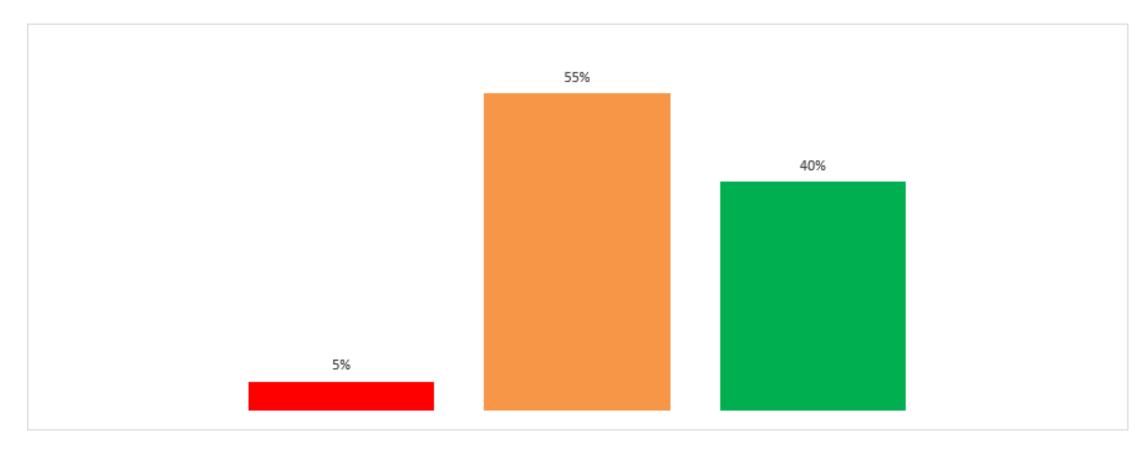


Prioritize high-risk situations emergencies and other community-facing operations



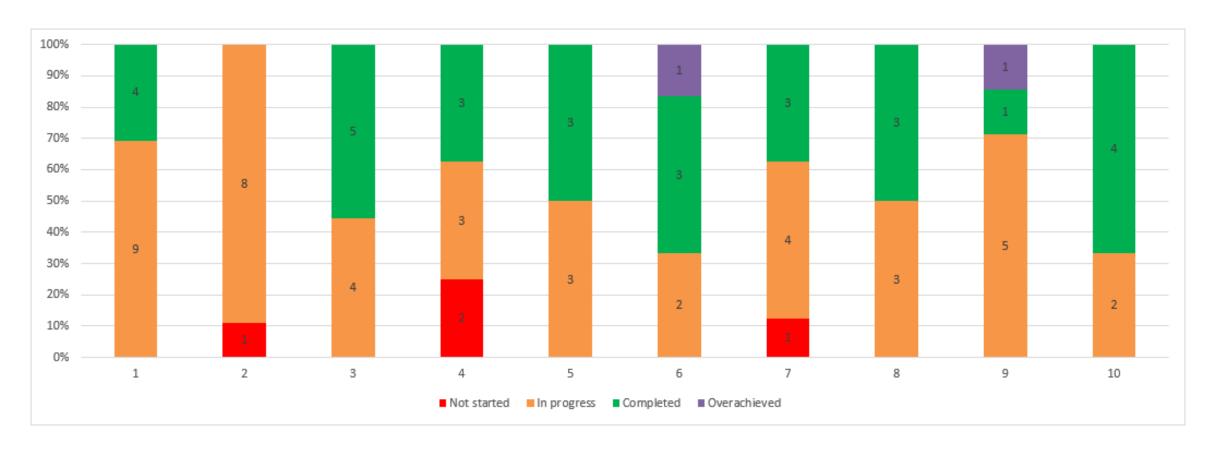
Develop and implement systems for monitoring and evaluation and course correction

3-year Strategy Year 1 overall implementation status as of October 2023



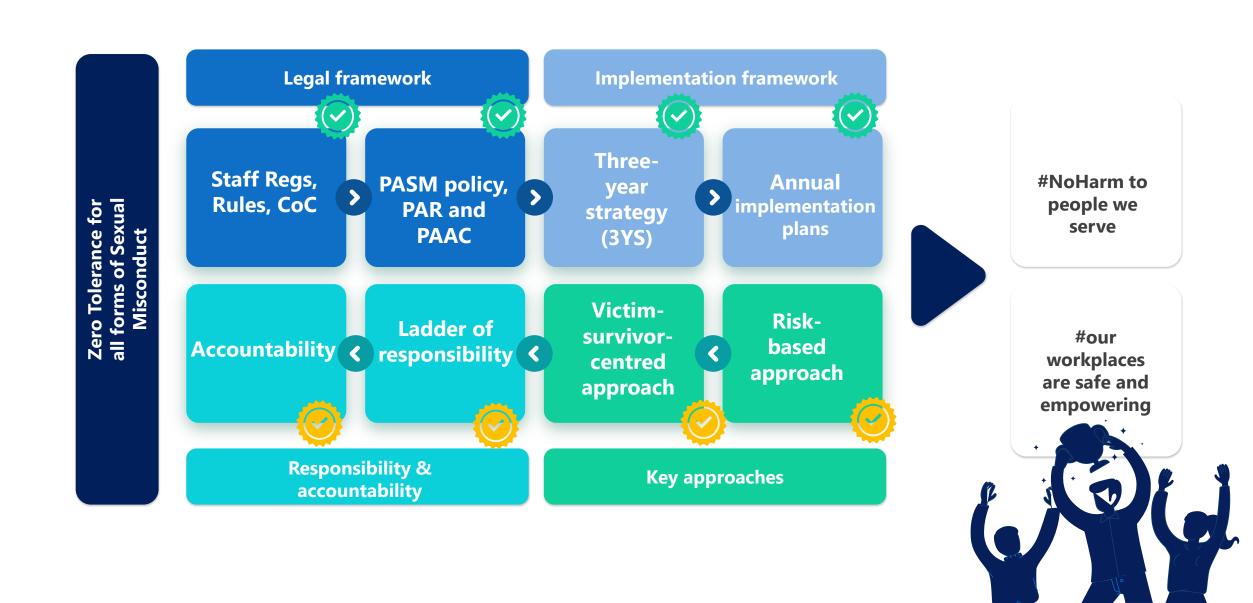


Year 1 implementation status by core action as of October 2023





Achieving Zero Tolerance (ZT)





Embed a victim- and survivor-centred approach across

the safeguarding cycle

1. Collaborating with the IASC to ensure a meaningful VSCA

WHO contributed to resourcing and providing technical guidance for the the review of the Community Based Complaints Mechanism

 Revised SEA Referral Procedures (SEARP-formerly CBCM)-approved by the Deputy Principals

2. Strengthen the victim/survivor centred investigation process at WHO

Initial session on VSCA with IOS with 82% of WHO investigators in attendance

 Follow up tailored refresher trainings on VSCA along with tools to support implementation



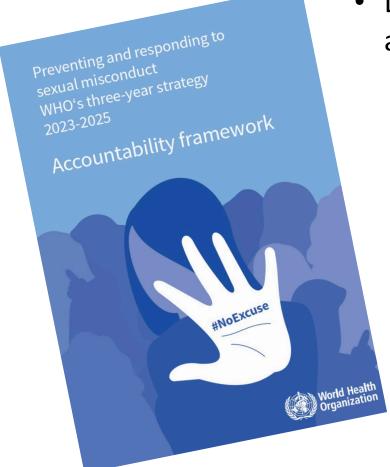
3. Address systemic & knowledge gaps that hinder an efficient VSCA

VSCA Training for Focal Points in EMRO (55% in attendance)



The PRS Accountability Framework





- Lists the key accountabilities of individuals and functions across WHO as
 - WHO Representatives
 - Managers with key responsibilities in prevention of sexual misconduct as DIR/IOS, DIR/HRT, DIR/CRE, DIR/PRS
 - Regional PRS/PRSEAH Coordinators
 - PRS Country Focal Points
 - Executive Director/WHO Health Emergencies Programme
 - Regional Emergency Directors
 - Regional Directors
 - Director-General
 - The PRS Accountability Framework will apply for the period 2023-2025 as part of the 3YS
 - For prevention & response
 - Based on wide consultation

All WHO Workforce (Staff and Collaborators)

#WoExcuse

Per WHO accountability framework,

- Do not engage in or encourage others to engage in sexual misconduct.
- Honour and uphold WHO's oath of office.
 - Abide by the Standards of Conduct for the International Civil Service, WHO staff regulations, staff rules, policies, and related guidelines and procedures and set a good example in line with the Code of Ethics and any successor thereto.
- Obtain the requisite knowledge and skills to enable you to fulfil your role in the prevention and response to sexual misconduct,

including through completing mandatory trainings, role-specific trainings and participation in related awareness raising and engagement activities.*

- As soon as sexual misconduct is witnessed or concern about such misconduct is heard, report it to the Office of Internal Oversight Services (IOS) directly (by emailing investigation@who.int, or through the WHO Integrity Hotline).
- Cooperate fully with investigations and share confidential information fully with, and only with IOS.



^{*}List of training and resources are available on PRS SharePoint here

Managers*

#NoExcuse

Per WHO accountability framework,

Promote the PASM policy: maintain an open dialogue with supervisees and ensure that the policy is understood and applied; share information on PRS updates, events, and requirements; support the shift to a victim- and survivor-centred approach; and request PRS officers to support such interactions when additional support is needed.

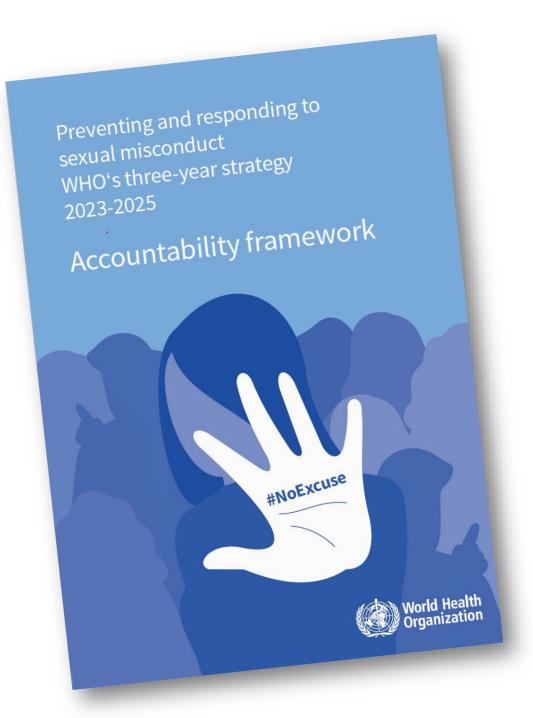
Uphold and promote the duty to report misconduct, the Organization's obligation to protect personnel from retaliation, and to maintain confidentiality.

Ensure that the learning objectives of teams and staff members related to the prevention of and response to sexual misconduct under their supervision are met and updated as required.

Contribute to assessments of sexual misconduct risks and develop related mitigation plans as required

When organizing events, ensure that meeting participants are made aware of the WHO Code of Conduct: To prevent harassment, including sexual harassment, at WHO events.

^{*} All staff with supervisory responsibilities including but not limited to Team Leads, Unit Heads, Coordinators, Directors, Assistant Director-Generals, etc.)



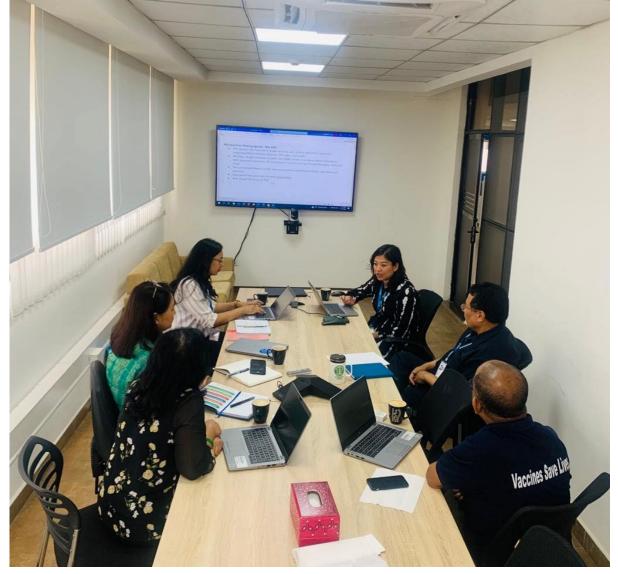
- Accountability holders are required to
 - ✓ deliver on the accountabilities themselves where this is feasible, or
 - ✓ work with others under their supervisions or in collaboration with external teams and units to ensure their accountabilities are delivered, and/or
 - ✓ ensure any persisting challenges to meeting their accountabilities are identified and communicated in a timely fashion to their own supervisor and/or to the PRS Department.



WHO Sexual Misconduct Risk Assessment

37Country Offices completed the SM Risk Assessment & mitigation plans

AFRO 22/47 SEARO 5/10 EURO 5/36 WPRO 3/16 EMRO 2/24 AMRO 0/32



Workplace post: "SEARO - WCO Nepal: PRS Team organized a series of discussions to familiarize Nepal team (Office Context and Programme Context) and Country PSEA Focal points (Country Context) with the PRS-Risk Assessment Tool and its effective utilization for identifying risks and mitigation actions"



Implementing Partners Protocol and assessment roll out

WHO contribution to the UN Implementing Partners Protocol Working Group (IPPWG)

- 35 webinars delivered 4000 UN Staff and CSOs personnel in 4 languages on UNPP PSEA module
- The IPPWG delivered sessions on the UNPP PSEA module for the UNCT teams in Brazil, and Uganda (50 participants).
- WHO delivered face to face training on the UNPP PSEA module, on behalf of the IPPWG, to the UNCT India (New Delhi, 30 participants including the RC); UN staff in Cairo (22 participants); and CSOs in Cairo (15 participants).

Internal WHO roll-out

- WHO joined the UNPP in 2023 and is piloting UNPP PSEA module in 10 WHO high-risk countries.
- WHO is cascading training internally by prioritizing 300 members of personnel for 2023 (150 in EMRO & SEARO completed)
- WHO has matched implementing partners that have been registered in the UNPP, in the Democratic Republic of the Congo, South Sudan, Nigeria, Yemen, Ukraine, Nepal, CAR, and Afghanistan, as well as POL partners (in Somalia, Uganda, Cameroon, and Pakistan). UNICC will share the matching results for WHO partners in Mali, and Ethiopia.
- Past PSEA assessments have been migrated in the UNPP and preliminary PSEA capacity rating, CSIP (Capacity Strengthening Implementation Plan), and final determination information are now visible in the portal.



Safeguard operations

Emergencies

As of September 2023, WHO has been responding to 13 grade 3; 25 grade 2; 4 grade 1 and 193 non-graded emergencies

We deloy PRSEAH Technical Specialist to priority grade 2 and 3 emergencies to be embedded in the respective IMSTs. A global roster of PRSEAH experts is updated on an annual basis, and there is a standing agreement with the Stand-by Partners (NORCAP, CANADEM, ZIF-Berlin Center for International Peace Operations) to deploy experts to graded emergencies in support of WHO.

All funding requests for preliminary emergency response operations benefiting from WHO's Contingency Fund for Emergencies are required to include a budget line on PRSEAH, with clearly articulated activities for implementation during the initial response period, and PRSEAH inclusion in the response plan is a pre-condition for approval

A learning pathway on PRSEAH for all the Programme's staff members and focal points was introduced in January 2022 and continues to be rolled out by the PRS Department. The WHO Health Emergency Programme has also integrated a module on PRSEAH in the Leadership Training Programme and is being rolled out in all WHO Regions to support Incident Leaders facilitate integrating PRSEAH in emergency response operations.

In all operations where Health Cluster mechanisms exist, efforts are being made to ensure mainstreaming and programming of PRSEAH in their activities. In the Ukraine and other response operations, Health Cluster partners have been sensitized on PRSEAH policy, obligations, and the need for compliance.



PRS – Learning and capacity building – October 2023

#NoExcuse Webinar Series













Three All-Staff Webinars

on the PASM, SM risk management, and assessing and strengthening IPs' PSEA capacity

- 7000+ Workforce attended
- 4 webinars per year

#PRS_OpenDoor

- Four sessions
- 3600+ attended
- 120+ questions addressed
- Monthly

PRSEAH Channel on OpenWHO.org

- 10 Courses
- 50+ K Course Enrollments
- 2457 users are WHO Personnel
- 2463 users are affiliated to Health and other ministries

Online Course on PASM policy and 3YS

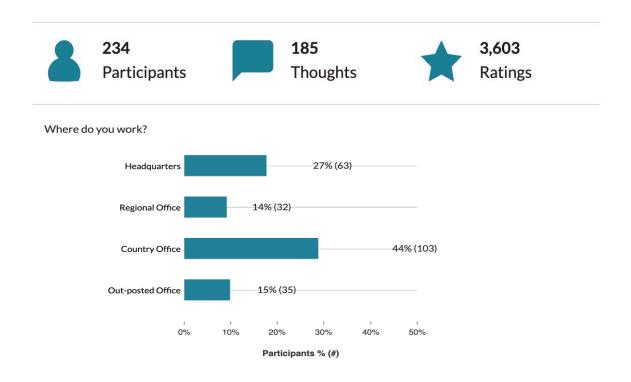
- 4-module 1-hour course
- 7709+ enrollments on OpenWHO and iLearn, 2800 are WHO Staff
- currently translated in local languages per COs request.

† Thought Exchange

ThoughtExchange 2 Summary – monthly pulse surveys

Since 2021, WHO has implemented many measures to address sexual misconduct. In your opinion, which of these measures are working?

PARTICIPATION

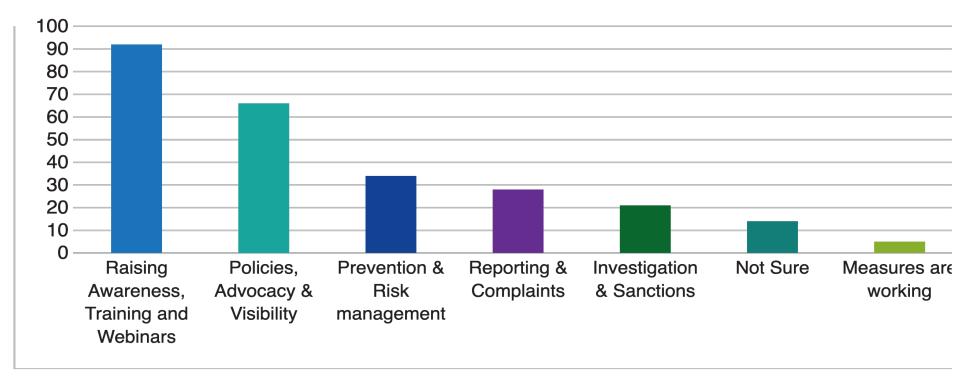




lı.

Top Themes by total thoughts - Since 2021, WHO has implemented many measures to address sexual misconduct. In your opinion, which of these measures are working?









Awareness at all levels

• Raising awareness at both management and operational levels is consistently noted as crucial. This approach enables everyone to pay attention to their actions and encourages a culture of responsibility

Empowering Victims

- Actively seeking feedback from victims to ensure their protection from retaliation and abuse of power.
- Acknowledges the significance of victim voices in shaping prevention and response strategies.

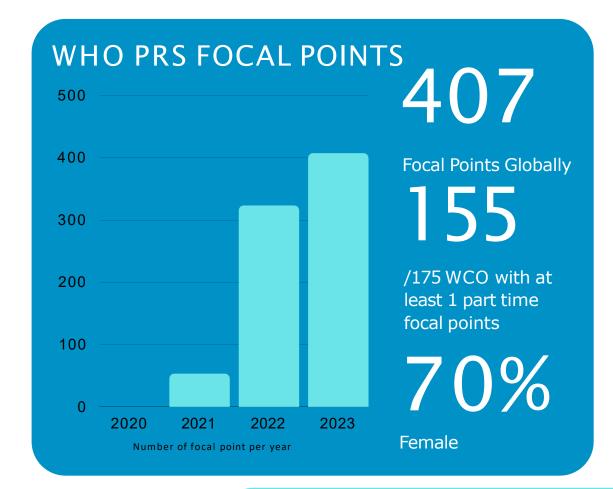
Advocacy and Visibility

- Higher advocacy and attention to the issue of SM preventing led to more effective actions and outcomes.
- The visibility of WHO staff on this issue is important.

Duty to Report

- The collective responsibility of all staff to report misconduct, especially when victims are afraid to report themselves.
- Having a clear policy against retaliation is important for staff to feel supported and protected

HUMAN CAPITAL FOR PRS Q3 2023



of focal points are in high priority countries

12

Full Time Focal Points:

- CAR, DRC, Ethiopia, Nigeria, South Sudan
- Bangladesh
- Afghanistan, Pakistan, Somalia, Sudan, Syria and Yemen

REGIONAL COORDINATORS

5

AFRO EMRO EURO SEARO WPRO

+Emergeny PRS Deployement roster of 30 experts managed by WHE +Victim and Survivor Support Officer under recruitment

MEETING WITH FOCAL POINTS





EMRO; SEARO; WPRO; AMRO





On-going reviews — to calibrate 2024 implementation plan

- 1. MOPAN including SEA and SH
- 2. Independent Commission's review of WHO's implementation of their recommendations of 2021 September
- 3. Monthly pulse surveys
- 4. Final report of the culture review
- 5. Analysis of UN survey on SEA
- 6. Analysis of UN (CEB) survey of SH
- 7. Review of PRSEAH in health emergencies being commissioned
- 8. End of year internal review and Stakeholder Review Conference





Preventing and Responding to Sexual Misconduct/SEAH

Stakeholder Review Conference 2023

Taking stock, looking to the future...



30 Nov-1 Dec,2023 WHO headquarters, Geneva

subjects covered



1

Applying a victim and survivor centred approach and creating an evidence-base

3

Clarifying the role of Member States, donors, media, acedemia, and civil society 2

Addressing SEA at the community & country levels and in emergencies & operations

4

Tackling sexual misconduct/SH in our workplaces

The ladder of responsibility progress



Challenges



- a. Focus on post-investigation phase
- b. Need to improve hotline access
- c. Stronger communication with survivors need to be embedded in the process
- 2. Working with governments
 - a. Ad hoc good practice being documented
 - b. Progress on the UN front but more needs to be done
 - c. Member States Round table in Dec
- 3. Safeguarding operations
 - a. Insufficient experts to deploy
 - b. Funding needs to be assured
 - c. Acceleration of work with implementing partners a priority
- 4. Country level capacity is a whole of UN responsibility
 - a. Need to strengthen role of RC/HC
 - b. Need to assure competent experts as IASC PSEAH coordinators (WHO funds collective system)
 - c. CBCM and victim/survivor service remain a major gap

