

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

Monitoring and evaluation  
framework Year-3 implementation  
plan



World Health  
Organization

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## List of abbreviations

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

In [year two](#) – 2024 -, 83% of the planned actions were completed and those ongoing were incorporated into this document.

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 3 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 fed into developing the implementation plan for the following year along with the monitoring and evaluation framework.

This is the last year of the 2023-2025 Strategy and a stock-taking exercise is ongoing as per recommendation from WHO's governing bodies. The findings of this exercise will be triangulated with the external and internal reviews and assessment to contribute to the development of the WHO's Consolidation Strategy 2026-2027.

Updates of the implementation of Year 3 will be done during the PRSEAH Quarterly Member States briefings for continued transparency and accountability.

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

I. Strengthen transparency and accountability of the Organization and its leadership						
Activity				Indicators	Target	Key responsible
						Status as of 31 December 2025
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	Dir IOS Dir HRT
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 – stand-alone or integrated into governing bodies' meetings	Dir PRS
				Reports to Governing Body meetings	Reports to PBACs, EBs, WHA, Regional Committee meetings	Dir PRS
				Encourage WHO participation in UN SEA and SH surveys	As carried out by UN	Dir PRS
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 Dir PRS
				Analyze and share findings of reviews (e.g. MOPAN, JIU, stocktaking exercise, etc.)	Brief Member States as relevant	Dir PRS
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 Dir PRS
				Management Letters on PRS completed	Annual exercise completed by HWCos in Q1	DGO
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	Dir PRS
				WRs confidentially share information on SEA allegations with UNRC/HC (as received by authorized WHO officials)	In at least 90% of reports	Dir IOS Dir PRS HWCos
				Annual Accountability letter by DG to SG	Annual – as required by SG	DGO Dir PRS

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

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

Activity		Indicators	Target	Key responsible	Status as of 31 December 2025
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.	Contribute to OVRA led meetings on strengthening VSCA	WHO attendance in 80% OVRA convened meetings on VSCA	Dir PRS	
		Contribute to UN and IASC initiatives and working groups on community engagement	WHO attendance in 80% of IASC and UN meetings on community engagement by Q4	Dir PRS	
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	Dir PRS	
		Manage SAF operations and disbursements	Annual update	Dir PRS	
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 HWCOs reached	Dir PRS	
		Services for SH and SEA victims mapped	Information available at 80% of major offices	Dir GBV Dir PRS Dir SHW	
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 1 training offered to investigation team	Dir IOS	
		Tools developed for investigators to better integrate VSCA	Tools/procedures available	Dir PRS Dir IOS	
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	Dir PRS	
		Conduct/participate in consultation for improving deep listening and feedback mechanisms	1 consultation	Dir PRS	
		VSSO to listen and document feedback of SH victims and prioritize remedy of key gaps	Summary results included in briefings	Dir PRS	

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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 2025
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	Dir IOS Dir PRS Dir CRE Dir HRT DGO	
			Integrate SM prevention elements in related policies (e.g. travel policy) as policy gaps emerge	Address identified gaps	Dir PRS Dir CRE Dir HRT DGO	
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 finalized	Dir PRS DGO	
			Develop evidence-informed guidance for PRSM	Systematic review completed by Q4	Dir PRS	
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	Dr IOS Dir PRS Dir CRE Dir HRT DGO	
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	Dir PRS	
			Provision of regular webinars on policy implementation	At least 4	Dir PRS	
			Run open-door Q&A sessions with Accountability Team	At least 4	Dir IOS Dir PRS Dir CRE Dir HRT	
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.		Introduce ClearCheck 2.0 by Q3	At least 95% of recruitments/employees verified	Dir HRT ExDir WHE Dir POL	
			Continue to conduct ClearCheck verification for new recruitments and employees	At least 95% of recruitments/employees verified	Dir HRT ExDir WHE Dir POL	
			Further expand OneHR background checks for recruitments	At least 95% of recruitments of external candidates in P-positions in HQ verified.	Dir HRT	

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#### IV. Ignite and sustain cultural change across the organization

Activity				Indicators	Target	Key responsible	Status as of 31 December 2025
4.1	Develop an organizational culture/behaviour change strategy and socialize it across the Organization.			Finalize culture/behaviour change strategy	Strategy published	Chef de Cabinet	
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	Dir HRT	
4.3	Create and sustain safe spaces for dialogue with personnel, managers, and leaders on culture change.			VSSO to manage a community of practice and conduct "safe discussions" on sexual harassment with workforce, based on UN best practices	Respond to needs expressed by staff	Dir PRS	
				Stimulate discussion around "difficult" topics	Release at least one #NoExcuse podcast per month	Dir PRS	
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 2 clinics	Chef de Cabinet	
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	Dir HRT Dir PRS	












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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 2025
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	ExDir WHE Dir POL	
			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	Dir PRS ExDir WHE Dir POL	
5.2	Deploy full-time PRSEAH experts in high-priority countries.		Experts in place with risk-based action plans	At least 15 countries	Dir PRS	
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	
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	ExDir WHE	
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	Dir PRS	

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

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

Activity			Indicators	Target	Key responsible	Status as of 31 December 2025
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 90% of country offices	HWCos	
			Tool for sexual misconduct risk assessment for RO & HQ programmes completed	Tool tested by Q4 with 50% of clusters (or similar) in 2 major offices	Dir CRE Dir PRS	
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		Dir PRS HWCos	
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.		Have IPs at country-level complete IP assessments on UNPP	At least 50% of IPs in non-priority COs informed of WHO standards and 90% in high priority countries	Dir PRS	
6.4	Conduct risk management trainings and other capacity-building activities across the Organization.		Online sexual misconduct risk management training developed and rolled out	Updated training package available in at least 3 languages by Q4	Dir PRS	
			Sexual misconduct risk management training rolled out face-to-face in high-risk settings	At least in 2 major offices	Dir PRS	
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 2025	HWCos	
			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	Dir PRS	
			Collaborate with UN partners in identifying and implementing joint/common risk mitigation actions in a structured way	Reporting on collaboration included in briefings	Dir PRS	

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

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

Activity			Indicators	Target	Key responsible	Status as of 31 December 2025
7.1	Assign training and track compliance of all personnel for mandatory training on preventing and responding to sexual misconduct.		Personnel completing mandatory trainings	90%	Dir HRT	
			Assign role-specific, targeted training to certain personnel	2 new trainings assigned to PRSEAH FPs, HWCO, Directors and accountability functions	Dir HRT	
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 piloted	Dir PRS	
			Percentage of personnel from each category participating in the learning pathway	75% of PRS FPs 35% of HWCOs 20% of Directors	Dir PRS	
7.3	Integrate acknowledgement of PRS accountabilities into the performance management system for all personnel.		PRS accountabilities integrated in ePMDS form	By Q1 (goals week)	Dir PRS Dir HRT	
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.		Learning material on PRSEAH in Public Health Emergencies	1 course in key official and local languages	ExDir WHE	
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	Draft plan consulted with stakeholders	Dir PRS ExDir WHE Dir POL	
			Identify and train national PRS FPs to work in international deployments and support missions	6 national FPs trained and available	Dir PRS ExDir WHE Dir POL	

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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 2025
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	Victim communication protocol submitted to senior management	Dir PRS	
			Overall tracking of functioning of all steps of SM-IMS	Quarterly reports to DG	Chef de Cabinet	
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	Dir IOS	
			In IASC context, contribute to solutions for community-based reporting mechanisms	Contribute to CO-level work on reporting mechanisms	Dir PRS ExDir WHE Dir POL	
			Encourage Member States to operate SM reporting mechanisms with direct link to UN agencies reporting systems	1 pilot	Dir PRS	
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	Chef de Cabinet	
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	Dir IOS Dir PRS Dir SHW Dir CRE Dir HRT Dir SEC	
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	Dir IOS Dir HRT	

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

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

Activity			Indicators	Target	Key responsible	Status as of 31 December 2025
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 co-funding (on request by WRs) and to training and skills development for PRSEAH coordinator positions	Dir PRS	
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	Contribution of expertise	Dir PRS	
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	Dir PRS ExDir WHE Dir POL	
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 10 Member States	Dir PRS	
			Member State round table on Government- WHO collaboration on PRSEAH	One roundtable with Member States	Dir PRS	
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	At least one stakeholder consultation through global networks	Dir PRS	
			Engagement events for civil society and local actors in priority countries	Through at least three events	Dir PRS	

Legend:  Headquarters  WHO Regional Offices  WHO Country Offices

## X. Develop and implement systems for monitoring & evaluation and learning back

Activity			Indicators	Target	Key responsible	Status as of 31 December 2025
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	Dir PRS	
10.2	Obtain agreement on and roll out key performance indicators.		Framework agreed with Regional Coordinators	More than 80% CO using set framework and advocacy for its use in PAHO/AMRO	Dir PRS	
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	Dir PRS	
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	ExDir WHE Dir POL	
			Outcomes of JIU review and stock-taking shared	Report by Q3	Dir PRS	
			Global review meeting/stakeholder conference	At least 1 per year	Dir PRS	
10.5	Conduct at least one external evaluation exercise with a competent service provider.		Participate in stocktaking exercise on PRS under the supervision of the IEOAC	Report published in Q3	Dir PRS IOS CRE HRT DGO	
			Use all relevant lessons-learned to develop next strategy-	Strategy 2026-2027 by Q4	Dir PRS	