IOAC statement to present Document EB150/34.

Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme’s Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment

PBAC 35/1 on PRSEAH: Thursday 20 January 2022 at 2 pm CET
(1561 words)

1. Thank you, Mr Chairman. Honourable ministers, excellencies, distinguished delegates, and dear colleagues, on behalf of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, IOAC, I and my co-chair Dr Felicity Harvey would like to share with you some of the key messages included in the document EB150/34: IOAC subcommittee’s report for the Prevention and Response to Sexual Exploitation, Abuse and Harassment.

2. IOAC is mandated to provide oversight and monitoring of WHO’s work in emergencies and has been monitoring progress and providing scrutiny since the inception of the WHE Programme in 2016.

3. Following the allegations made in the Democratic Republic of Congo, the Director-General invited the IOAC to advise him on how to strengthen current systems, processes, and internal mechanisms in WHO, particularly within the context of emergency operations. We established the Sub-Committee in July 2021 and worked closely with the WHO Task Team. The Sub-committee had a series of consultations with a variety of stakeholders to review WHO’s policies, procedures, structures, and resources. Inputs were sought from a Reference Group composed of 12 Member States; as well as representatives from 2 international non-governmental organizations; and 2 UN agencies. Additional information was obtained through interviews with a cross-section of WHO staff across the three levels of the Organization to solicit further input and feedback during the period of July to December 2021.

4. Findings from the desk review and interviews were grouped into four themes.

5. First, **WHO actions taken in response to the Independent Commission’s report, as outlined in its Management Response and Implementation Plan.** The Sub-Committee recognizes that the WHO Secretariat has taken actions in response to the Independent Commission’s report, which go a long way to communicate the organization’s seriousness in making PRSEAH an organization-wide priority. However, for these gains to translate into lasting institutional change, they must be supported by meaningful cultural and structural changes, as well as committed and predictable funding. The IOAC is pleased to note that the Organization has made strides to set up regular engagement with its workforce and Member States. We encourage the WHO leadership to further strengthen regular communication, both internally and externally, on the actions taken and progress achieved, to continue promoting transparency and accountability.

6. Second, **WHO policies, structures, and processes to address PRSEAH.** The Sub-Committee observed that the existing PRSEAH policy landscape is complex, sometimes
inconsistent, ambiguous, and often open to interpretation by management and different accountability functions. We have been informed that work on developing a comprehensive and revised policy framework for PRSEAH is ongoing and acknowledge that the new Policy Directive on Protection from SEA launched in November 2021 is a positive step in the interim. The Director-General established a Survivor Assistance Fund to ensure resources are easily available for support to victims and survivors and WHO entered into an MoU with UNFPA in DRC to provide comprehensive support to all alleged victims and survivors identified in the Independent Commission’s report. The Sub-Committee is also informed that Dr Tedros appointed a new Head of Investigations focusing on SEAH, and WHO is scaling up its capacity in this function. However, the Sub-Committee learned that existing grievance mechanisms are continuously underused and that there is a perceived lack of transparency in how and what decisions are made in response to them. Findings through the interviews reinforce a need for clearer referral pathways within WHO when responding to allegations, as well as clearer roles, responsibilities, accountabilities and timeliness of response.

7. Third, **PRSEAH in field operations.** As WHO becomes increasingly operational in field settings, the risk of SEA grows. The Sub-Committee noted the opportunity for WHO to learn from agencies who have longer experience in emergency and other field operations, and to strengthen UN-wide efforts to prevent and respond to SEA, including more clarity about the accountabilities of the many stakeholders responding to emergencies. Feedback from other agencies also underlines the benefits of doing more to build the knowledge of local communities and engage community members in SEA prevention and response efforts.

8. And fourth, **Organizational culture.** Through its deliberations, the Sub-Committee concluded that SEAH in any organization is the ultimate consequence and manifestation of a culture that perpetuates inequalities based on gender, income, race, ethnicity and other social stratifiers. During interviews, the culture of WHO was described as hierarchical, characterized by a lack of transparency and accountability, and a propensity to protect the institutional reputation over solving problems in a transparent manner. The disproportionate number of men as compared to women in decision-making and leadership roles within WHO, was identified as one of the reasons for the dismissive behaviour towards SEAH complaints. We further note that insufficient diversity among international professional staff and disparities in country of origin in leadership positions, exacerbate inequalities and power imbalances. We are pleased to see that the Secretariat is moving ahead to address these issues and implement the recommendations of the 2018 IOAC Special Report.

9. Drawing on these findings of the Sub-Committee, and the actions presented in the WHO management response plan that are strongly endorsed by the IOAC, we recommend five priority areas where the WHO should take action.

10. First, **clarify accountabilities, lines of responsibility and delegation of authority across the three levels of the Organization and strengthen the accountability framework for emergency response and other field operations.** We reiterate that the revised Emergency Response Framework must provide greater clarity on accountabilities and lines of authority across country offices, regional offices, and headquarters, with explicit roles and
responsibilities for each player and updated procedures for all-hazards emergency risk management, including PRSEAH.

11. Second, reform the Organization’s PRSEAH management structure and accelerate scale-up of organizational capacity to implement a victim/survivor-centered approach to PRSEAH. The IOAC is pleased to observe the progress in implementing this recommendation by establishing a dedicated Department on prevention and response to sexual misconduct to oversee SEAH policy review, implementation, and case management, that is equipped with specialized expertise to investigate SEAH allegations. Counselling services for staff and victims/survivors should be also reviewed and increased at headquarters, regional offices and country offices, and a focal point for SEAH investigations should be appointed at each Regional Office.

12. Third, invest in PRSEAH as an essential function. We are pleased to see Dr Tedros has initiated implementation of this recommendation by allocating funds to expand staffing for PRSEAH in the Programme Budget for 2022-2023. The IOAC also welcomes the increased budget for the WHE Programme. For WHO to continue to serve as the “provider of last resort” in fragile and dangerous contexts, the IOAC reiterates the need for Member States to recognize the urgency of increasing the proportion of the WHO budget that is unrestricted and flexible. Without such resources, there will continue to be a gap between Member States expectations and WHO performance.

13. Fourth, develop and implement a context-specific, risk-informed, risk-management strategy for PRSEAH in field operations. This includes periodic assessments of levels of risk for SEAH in each field operation, mapping of community organizations to identify trusted partners in PRSEAH, increased female staff in leadership positions and ensuring field operations are comprised of experienced personnel trained in managing SEAH allegations, including against children.

14. And fifth, promote, advocate for, and institutionalize cultural change to strengthen PRSEAH including greater gender and racial diversity, improved performance management and a renewed commitment to WHO values. We reiterate the recommendations previously made in the IOAC Special Report in 2018 on building a culture of equity, diversity and transparency, and further recommend:

   a. transparent and regular communication to all staff on SEAH allegations and actions taken,
   b. 360-degree feedback for managers and
   c. integrating values of the UN into the staff performance appraisals.
   d. Zero tolerance for sexual exploitation, abuse and harassment, which must be embedded across the Organization’s culture and operations.

15. IOAC has noted the Secretariat’s report EB150/32 and further received a presentation from the WHO Task Team and the HR department yesterday which was encouraging and reassuring. We recognize that a large number of our recommendations and actions points of the Management response plan have already been addressed or are in the process of being
implemented. Outcomes of the work of the WHO Secretariat should be closely followed by Member States.

16. The subcommittee also recommends that the IEOAC monitor and oversee the implementation of the PRSEAH Management Response and Implementation Plan as a part of its audit, and report its findings regularly to Member States -- we very much welcome the IEOAC’s stated commitment to do so.

17. We believe the most important thing to do now is for the WHO senior management to work together, as one team, across all levels of the Organization – headquarters, regional offices and country offices, to expedite the implementation of the Management Response Plan, the recommendations in the 2018 IOAC Special Report, and those put forward in this document EB150/34. Only by working together as one cohesive senior leadership team, can WHO achieve its ambition of being “best in class,” not only in preventing and responding to sexual exploitation, abuse, and harassment, but also as a global leader in health.

18. While the Sub-Committee shall be dissolved upon the submission of this report that marks the completion of its work, the IOAC remains committed to continuing to monitor WHO’s work in emergencies, including PRSEAH. We look forward to your continued support and collaboration. Thank you.

End of the statement

Note from the Secretariat:

The IOAC statement was delivered on 20 January 2022 by Dr Geeta Gupta, Co-Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme