

Preventing and responding
to sexual misconduct
WHO's PRS Strategy
2026 – 2029

Monitoring and evaluation
framework Year 2026
implementation plan

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List of abbreviations

CEB	United Nations Chief Executives Board for Coordination
ERD	WHO's Office of Ethics, Risk Management and Due Diligence
FNM	WHO's Finance Department
DGO	WHO's Office of Director-General
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
IOS	WHO Internal Oversight Services Department
OSCSEA	Office of the Special Coordinator on Improving the UN Response to Sexual Exploitation and Abuse
OSH	WHO's Occupational Health and Safety Department
PAF	WHO's Partnership and Financing Department
POL	WHO's Polio Eradication Department
PRS	Prevention of and Response to Sexual Misconduct
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse, and Sexual Harassment
PSEAH	Protection from Sexual Exploitation, Abuse and Sexual Harassment
RC	UN Resident Coordinator
RDO	WHO's Office of Regional Director
SEA	Sexual Exploitation and Abuse
SM	Sexual Misconduct
TIC	WHO's Transformation Implementation and Change Team
UNCT	United Nations Country Team
UNPP	United Nations Partner Portal
VSCA	Victim- and Survivor-Centred Approach
VSSO	WHO Victim and Survivor Support Officer
WHE	WHO's Health Emergencies Programme

Introduction

Updates on the implementation of Year 2026 will be done during the PRSEAH Quarterly Information Sessions for Member States for continued transparency and accountability. The “Status” column will be updated and made available on website ahead of Governing Bodies of the following year.

1. Policies Aligned, Institutionalized, Contextualized, and Operationalized					
Activity		Indicators	Target	Key responsible	Status
1.1	Policy alignment and review: Conduct annual policy implementation review and identify gaps	Policy review conducted and gaps addressed	1 annual review completed	GEM, IOS, HRT, LEG, ERD	
1.2	Develop SOPs and guidance: Finalize and roll out implementation SOPs across priority areas	Number of SOPs finalized and disseminated	≥10 SOPs	GEM, IOS, HRT, LEG, ERD	
1.3	Policy implementation support: Deliver policy implementation webinars, open doors and disseminate tools	Mandatory training completion	≥90%	HRT	
		All-personnel webinars	3/year	GEM	
		Open-door Q&A Sessions with Accountability functions	4/year	GEM, IOS, HRT, LEG, ERD GEM	
1.4	Background checks and vetting: Strengthen ClearCheck and HR screening processes	% recruitment screened through verification systems	≥95%	HRT	
1.5	Inter-agency coordination: WHO participation to OSCSEA, CEB and IASC initiatives	% respondents to UN SEA OSCSEA survey		GEM	
		WHO participation to JIU workstream set up by OSCSEA	Participation to at least 3 coordination calls as organized by OSCSEA	GEM, HRT, IOS, VSSO	
		WHO participation to JIU workstream under CEB	Participation to at least 3 coordination calls as organized by CEB	GEM, VSSO	
		WHO's participation to the CEB annual survey	1 consolidated, organizational survey responses submitted	GEM	
		Percentage of COs participating to UNCT initiatives on PSEAH	>90% of COs	GEM/RDs	
		Letter from DG submitted to UNSG	1 letter per year	GEM	
		Annual letter from RDs submitted to DG	1 letter per region per year	RDs	
1.6	M&E framework	M&E framework established	This document	GEM	

2. Accountability and Transparency Consolidated					
Activity		Indicators	Target	Key responsible	Status
2.1	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 WHO's sexual misconduct accountability framework.	Public dashboard on sexual misconduct allegations and disciplinary actions	Monthly updates	Dir IOS, Dir HRT	
2.2	Regularly report to WHO's Governing Bodies to enhance transparency and accountability	Member states briefings	Quarterly briefings – stand-alone or integrated into governing bodies' meetings	GEM, HRT, IOS, LEG, ERD	
		Reports to Governing Body meetings	Reports to PBACs, EBs, WHA, Regional Committee meetings	GEM, HRT, IOS, LEG, ERD	
2.3	Regularly track action on sexual misconduct allegations against the internal benchmarks to identify bottlenecks to be addressed	Monthly reports to accountability functions on benchmarks and establishment of escalation protocols for prevention and response	Internal dashboard established tracking end-to-end allegations	GEM, HRT, IOS, LEG, ERD	
2.4	Clarify managerial accountability for sexual misconduct prevention and response as part of institutional performance management processes and systems.	Targeted conversations on PRS accountability of Executive Mgmt. with Senior Management	At least one DG meeting with senior management	DGO	
		Annual Regional PRS leadership session convened by the RD with WRs, including application of trauma-informed approaches	Target: ≥ 70% attendance of WRs in at least one session per year	RDOs	
2.5	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 global UN action-planning	HQ to submit to UNSG the entity-level annual action plan	GEM	
		WRs confidentially share information on SEA allegations with UN RC/HC (as received by authorized WHO officials)	In at least 90% of reports	GEM, IOS, HWCOS	
2.6	Encourage and support Member States in the operationalization of the PRS Accountability Framework in joint operations	Provide Member States support	1 toolkit made available	GEM	

3. Risk Management Enhanced					
Activity		Indicators	Target	Key responsible	Status
3.1	Activity-Based & Community-Informed Risk Assessments	Percentage of COs with risk assessment, risk mitigation and associated costing for PRS activities	100% of COs	RDOs	
		PRS costs included in costed workplans and emergency appeals, linked to assessed risk levels	100% of relevant offices	RDOs	
		Update tool to integrate technology-enabled risk scenarios (e.g. digital outreach, remote engagement)	1 tool updated	GEM	
3.2	Integration of Sexual Misconduct Risk into Corporate Frameworks	% of Country Cooperation Strategies (CCS) integrating PRS risk analysis	≥90% of new/revised CCS	GEM; CSS	
		Number of programme-specific guidance incorporating PRS risk and mitigation measures	At least included in 1 global guidance	GEM; WHE; POL	
		% of voluntary contribution budget proposals (with PSC <13%) including PRS risk mitigation direct costs	≥50%	PAF, FNM, WHE, POL	
		Emergency risk assessments and SM prevention training, training	Implemented in all relevant G3 emergencies and at least two polio operations	WHE; POL	
		PRSEAH KPIs embedded in Emergency Response Framework v2.1	75% of new G3 and 50% of new G2 emergencies meet KPIs	WHE	
3.3	Minimum Standards for Implementing Partners & Vendors	Implementing partners assessed against PRS minimum standards with corrective actions tracked	Target: 20% annual increase (year-on-year) in the proportion of implementing partners assessed against PRS minimum standards	RDOs	
		Guidance on the assessment of PRS capacity of Implementing partners for WHO personnel launched	1 package (assessment, spot-check, UNPP use guidance)	GEM	
		% of agreement templates drafted by LEG including standardized PRS accountability clause	95%	LEG	
		Introduce standard PRS safeguards for contractual modalities	Expand safeguards to at least one contractual modality not previously covered (Direct Implementation)	LEG, FNM, GEM	
		% of services RFPs where vendors' PRS capacity is screened prior to engagement	≥95% compliance	Procurement, GSD, GEM	
		% of partners covered by activities under PRS capacity development plans (those partners not meeting full capacity requirements)	≥85% (high-risk contexts)	Country Offices	
3.5	UN & Inter-Agency Harmonization and Coherence	Number of joint inter-agency tools/guidance developed or updated	≥3 outputs	GEM; WHE	
		Country Office participates in UNCT/HCT PRSEAH coordination mechanisms (if they exist) with documented follow-up actions (MUST include reporting mechanisms at Country level)	Target: 75% compliance across meetings attended and follow-up actions implemented	RDOs	

4. Victim/survivor-Centred Approaches Codified					
Activity		Indicators	Target	Key responsible	Status
4.1	Holistic Victim/Survivor-Centred Assistance Pathway	Existence of a standardized WHO victim/survivor assistance pathway aligned with UN OVRA standards - Develop and adopt end-to-end assistance pathway (reporting → response → support → closure → feedback) aligned with UN standards	1 global framework developed and operationalized	VSSO, IOS, HPJ (HQ/regions)	
		Integrate pathway into case management systems and SOPs	% of cases where assistance pathway is applied end-to-end - ≥90%	VSSO, IOS, HPJ (HQ/regions)	
		Update and maintain service mapping (health, psychosocial, legal) at country level	100% of COs	RDOs	
4.2	Embedding Survivor-Centred Approaches in Capacity Building	Roll out VSCA training across workforce	% of WHO PRS Focal Points trained in survivor-centred approaches ≥80 %	VSSO	
		Deploy tailored in-person/remote training in high-risk settings	% of high-risk contexts receiving targeted VSCA capacity-building ≥80%	VSSO	
4.3	Trauma-Informed Investigation and Case Management	Design VSCA series for investigators and focal points	% of investigators completed trauma-informed approaches related sessions 100% of investigation personnel	VSSO, IOS	
		Integrate trauma-informed protocols into investigation SOPs and tools	% of cases with documented survivor-sensitive handling (confidentiality, dignity, non-discrimination) ≥80%	VSSO, IOS	
		Establish checklist for the integration of trauma informed approaches in investigations	Checklist developed and adopted	VSSO, IOS	
4.4	Integration into IOS Charter and Procedures	Develop end-to-end procedural guidance (reporting → investigation → disciplinary action)	% of investigation procedures with clearly defined roles/responsibilities across case lifecycle 100% clarity achieved	IOS	
4.5	Institutionalized Survivor Participation & Feedback	Establish structured survivor feedback system (post-case + periodic consultation)	1 global framework piloted	VSSO, HPJ	
		Embed feedback triggers at key points in case lifecycle	% of cases where survivors are offered the opportunity to provide feedback ≥90%	VSSO, IOS, HPJ	
		Number of policy/SOP improvements informed by survivor feedback	≥4 annually	VSSO, GEM, IOS, HRT, LEG, ERD	
4.6	Safe Reporting Mechanisms	Conduct awareness campaigns for personnel in country offices on reporting mechanisms, protection and VSSO support	% of workforce responding to the UN SEA Survey that they are aware of reporting mechanisms and protections ≥95%	RDOs	
	Monitoring Quality, Responsiveness, and Impact	Develop and roll out quality and performance indicators (timeliness, satisfaction, protection)	1 global framework deployed	GEM, IOS, HRT, LEG, ERD	
		Establish timeliness benchmarks for assistance provision	% of cases meeting defined timelines for survivor support delivery ≥90%	VSSO	
		Introduce survivor feedback surveys and qualitative assessments	Survivor satisfaction score (or qualitative equivalent) collected and analysed Baseline established + annual improvement	VSSO, IOS, HPJ	

5. Evidence-Informed Decision-Making Strengthened					
Activity		Indicators	Target	Key responsible	Status
5.1	Exchange of Evidence & Good Practices	Establish global PRSEAH knowledge exchange platforms (HQ-led; regional roll-out)	1 CoP established	GEM	
		Develop standard template and repository for documenting good practices	1 standard template developed	GEM	
		% of regions contributing to knowledge exchange activities	100%	Regional Coordinators	
5.2	Harmonization of Data & Reporting (UN System)	Number of contributions to UN initiatives on harmonized data definitions/reporting	≥5 contributions	GEM	
		Contribute to structured data-sharing approaches across UN entities	1 pilot	IOS, HPJ	
5.3	Global Evidence Backbone Development	Existence of WHO-led global research/evidence agenda on sexual misconduct	Publication of evidence review findings	GEM	
5.4	Guidance to Member States & Health Sector	Develop and disseminate technical guidance informed by emerging evidence	2 products from CoP	GEM	
		Provide targeted technical assistance to support uptake of voluntary Member State Accountability in joint operations.	7 countries	GEM, PRS ROs, COs	
		Annual stakeholder conference to review developments, emerging evidence and guidance from across UN and partners	1 conference report	GEM	
5.5	Evidence Translation & Communication	Standardize evidence integration into leadership briefings and reports	% of leadership briefings incorporating evidence-based analysis ≥90%	GEM, HPJ, IOS, VSSO	
5.6	Mainstreaming Data Use in Decision-Making	Ensure routine inclusion of PRS indicators in reviews and evaluations	% of programme reviews incorporating PRS data and performance indicators ≥85%	GEM	
		Integrate evidence requirements into planning templates and processes	% of PRS implementation plans informed by data and evidence analysis ≥90%	GEM, Regional Coordinators, Country FPs	

6. Organizational Culture Change Accelerated					
Activity		Indicators	Target	Key responsible	Status
6.1	Translating WHO Values Charter into Daily Behaviour	Engage with enabling functions and the workforce to understand how WHO values translate into behaviours, gaps and best practices.	Scoping interviews conducted with all Major Offices	GEM, TIC	
		Develop organizational culture change framework	Final draft framework reviewed by all Major Offices	GEM, TIC	
		Discussion on “difficult” topics stimulated.	Disseminate at least 4 #NoExcuse podcasts	GEM	
6.2	Behavioural Accountability (Rewards & Consequences)	% of substantiated misconduct cases resulting in documented disciplinary measures	100%	HPJ	
		Establish formal recognition mechanism for leadership behaviours reinforcing prevention culture	1 mechanism concept developed	GEM	
6.3	Cohesive and Inclusive Team Cultures	Pilot team-based culture improvement initiatives (e.g. team charters)	Document the experience with at least 3 teams	TIC, GEM	
		Finalize psycho-social risk assessment tool to assess inclusivity and respectfulness of work environment	1 survey tool available for roll-out	OSH, HRT, TIC	
6.4	Leadership Commitment and Accountability	Conduct dialogue session with leadership (values-based leadership, accountability, speak-up culture)	Conduct leadership session at the General Management Meeting	GEM, TIC	