Preventing and Addressing Abusive Conduct

Policy and Procedures Concerning Harassment, Sexual Harassment, Discrimination, and Abuse of Authority

Effective 1 March 2021

Office of Compliance, Risk Management and Ethics
Department of Human Resources and Talent Management
Office of the Director-General
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Preventing and Addressing Abusive Conduct

I. General

1. Policy Statement

1.1. WHO is committed to providing a work environment that respects the inherent dignity of all persons. WHO has a responsibility to take all appropriate steps to prevent and respond to discrimination, abuse of authority, and harassment, including sexual harassment (collectively referred to as “abusive conduct”) in the workplace or in connection with work. WHO has zero tolerance towards abusive conduct. All forms of abusive conduct are prohibited at WHO, regardless of the national criminal laws or other legal provisions in force where the conduct occurs. Reports of such conduct will be dealt with promptly, respectfully, and effectively in accordance with the applicable regulatory framework and the procedures set out in this policy.

1.2. Along with the right of every person to be treated with dignity and respect and to work in a safe environment free from abusive conduct, every person has a corresponding responsibility to actively promote such an environment and to behave in accordance with WHO’s principles, as documented in its Code of Ethics and Professional Conduct. Staff members, non-staff personnel, and other individuals who work at WHO (hereinafter “other individuals”) are required to conduct themselves in a professional manner that demonstrates courtesy, common decency, and cultural sensitivity and to treat with dignity and respect all persons with whom they come into contact as part of their work with WHO. Power and seniority will not confer impunity or preferential treatment.

1.3. Managers and supervisors have a special obligation to uphold standards of expected conduct. They must foster an environment of mutual respect by, among other things, demonstrating exemplary personal conduct, offering guidance and support to their team in relation to this policy, and promptly taking steps to address conduct that falls short of expected standards.

1.4. All staff members, non-staff personnel, and other individuals, as described in this policy, have the right to invoke the applicable procedures provided for in this policy without fear of intimidation or unfavourable treatment. Retaliation against an individual who reports abusive conduct or who cooperates with the investigation of such a report constitutes misconduct.

1.5. This policy reflects a United Nations (“UN”) system-wide common approach and understanding both to support those who report or witness abusive conduct and to ensure accountability of those who perpetrate it. WHO’s goal in this policy is to strengthen efforts to respond to the needs of affected individuals and foster safe, equal, and inclusive working environments that are free of any abusive conduct.

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1 This includes consultants, special services agreement holders, interns, and volunteers.
2 This includes, but is not limited to temporary advisers; contractors under an Agreement for Performance of Work (APW), a Technical Services Agreement (TSA), or a Long Term Agreement (LTA); grantees; and technical partners.
3 WHO may require, at its discretion, that participants at WHO-organized events undertake not to engage in abusive conduct. Any instances of abusive conduct may result in a participant’s exclusion from WHO events.
2. Scope of the policy

2.1. Reports of abusive conduct in the workplace, or in connection with work, can be made by any person against any staff member, non-staff personnel, or other individual irrespective of whether such a person has any contractual status with WHO. These reports may be made anonymously and are not subject to deadlines. However, the anonymity of reports and/or the passage of time may affect WHO’s ability to investigate or address the alleged conduct.

2.2. Any staff member who is determined to have engaged in abusive conduct will be subject to proportionate disciplinary measures, up to and including summary dismissal, or other appropriate measures. Non-staff personnel and other individuals will be subject to action consistent with the terms of their legal relationship with WHO.

3. Definitions

For the purposes of this policy, the following definitions apply:

3.1 “Abuse of authority” is the improper use of a position of influence, power, or authority by an individual towards others.

   a) This is particularly serious when the offender uses her or his influence, power, or authority to negatively influence the career or employment conditions (including, but not limited to, appointment, assignment, contract renewal, performance evaluation, or promotion) of other individuals. It may also consist of conduct that creates a hostile or offensive work environment, which includes, but is not limited to, the use of intimidation, threats, blackmail, or coercion.

   b) Examples of abuse of authority include, but are not limited to:

      • Asking for money to approve the renewal of a contract or to provide a positive performance evaluation;
      • Requesting that a person undertake personal favours that are not a part of her or his official duties (e.g., running errands of a personal nature for the supervisor);
      • Coercing a person not to report or raise concerns about potential breaches of standards of conduct or ethical obligations;
      • Preventing a person’s professional progress by intentionally blocking or interfering with her or his promotion for unjustifiable reasons;
      • Inconsistent management style where some individuals are unjustifiably and demonstrably favoured over others; and,

4 In cases involving allegations of sexual exploitation or sexual abuse towards beneficiary populations, the [WHO Sexual Exploitation and Abuse Prevention and Response Policy and Procedures](#) applies and not this policy.

5 See Sections 7 and 8 for further information on how to report abusive conduct.
• Manipulating the nature of a person’s work in order to undermine her or him, such as by inequitably and unjustifiably overloading her or him with work, inappropriately withholding information, setting objectives with unreasonable or impossible deadlines, repeatedly assigning unachievable tasks, or repeatedly setting meaningless or trivial tasks.

3.2 “Abusive conduct” is the generic term used in this policy to collectively refer to discrimination, abuse of authority, and harassment, including sexual harassment. Abusive conduct may be comprised of a one-time incident or a series of incidents and may occur either in the workplace or in connection with work.

3.3 “Affected individual(s)” is the person or persons in the workplace or in connection with work towards whom the conduct constituting possible abusive conduct is directed.

3.4 “Alleged offender(s)” is the person or persons in the workplace or in connection with work whose conduct constitutes possible abusive conduct.

3.5 “Discrimination” is any unfair treatment or arbitrary distinction in the workplace, on the basis of gender, gender expression, gender identity, race, religion or belief, nationality, ethnic or social origin, age, sexual orientation, marital status, disability, language, or other aspects of personal status.

a) Discrimination includes actions, done either directly or indirectly, based on distinctions or prejudices which have the purpose or effect of treating individuals or groups inequitably or unjustly. Any of the examples of harassment and abuse of authority provided in this policy also constitute discrimination when they are based on the aspects referred to above.

b) Examples of discrimination include, but are not limited to:

• Not recommending or considering an employee for promotion or other advancement because of her or his gender, race, religion or belief, etc.;
• Derogatory or offensive nicknames or jokes based on a person’s gender, race, religion or belief, etc.;
• Exclusion on the basis of a person’s gender, race, religion or belief, etc.; and
• Demeaning comments about a person’s language, dress (including items worn for religious or cultural reasons), or physical characteristics (e.g., when related to her or his race).

3.6 “Harassment” is any behaviour that (i) is directed at another person and has the effect of offending, humiliating, or intimidating that person; (ii) the person engaging in the behaviour knows or reasonably ought to know would offend, humiliate, or intimidate that other person; and (iii) interferes with that other person’s ability to carry out her or his functions at work and/or creates an intimidating or hostile work environment.

a) Harassment may involve a group and may occur among and between individuals of all levels and contract types. For harassment to occur, it is not necessary that the offender actually intended the behaviour to be offensive or humiliating. In assessing the reasonableness of expectations or
perceptions, the perspective of the person who is affected by the conduct shall be considered. Therefore, in their interactions with others, individuals should always consider the point of view of the other person in evaluating whether their conduct might be regarded as unacceptable under this policy.

b) Examples of harassment include, but are not limited to:

- Making humiliating or offensive remarks to another person, orally or in writing (e.g., insulting another person’s professional competence or physical appearance);
- Oral or written threats or threatening physical behavior;
- Maligning another person’s reputation by gossip or ridicule, orally or in writing (e.g., on social media);
- Repeatedly ignoring or excluding someone;
- Making it impossible for another person to do her or his job by, for example, withholding information;
- Shouting;
- Repeated use of offensive gestures or repeated staring or aggressive facial expressions;
- Sharing or displaying offensive objects, images, or videos in any format;
- Physical violence, such as hitting, pushing, kicking, or throwing objects; and,
- Multiple people “ganging up” on another person by engaging in any of the conduct above (also referred to as “mobbing”).

3.7 “Impacted individuals” includes the affected individual as well as witnesses and persons who intervene in the situation involving inappropriate behaviour and possible abusive conduct.

3.8 “Offender(s)” is the person or persons in the workplace or in connection with work whose conduct has been determined to constitute abusive conduct.

3.9 “Report” refers to a formal complaint and/or a report made for the purpose of early intervention or informal resolution, unless otherwise specified.

3.10 “Sexual harassment” is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment. Examples of sexual harassment include, but are not limited to:

- Attempted or actual sexual assault, including rape;
- Sharing or displaying sexually inappropriate objects, images, or videos in any format;
- Sending sexually suggestive communications in any format;
- Sharing sexual or lewd anecdotes or jokes;
• Making inappropriate sexual gestures, such as pelvic thrusts;
• Unwelcome touching, including pinching, patting, rubbing, or purposefully brushing up against another person;
• Staring in a sexually suggestive manner;
• Asking for sexual favours or repeatedly asking a person for dates;
• Making comments about or rating a person’s attractiveness;
• Making sexual comments about appearance, clothing, or body parts;
• Name-calling or using slurs with a gender/sexual connotation; and,
• Making derogatory or demeaning comments about a person’s sexual orientation or gender identity.

3.11 Managers and supervisors are expected and authorized to manage the performance of staff members, non-staff personnel, or other individuals under their supervision in a manner that is respectful and constructive and in accordance with established performance management procedures and guidance. The discharge of managerial and supervisory responsibilities may include the provision of advice on work performance, attendance, or other work-related behaviours, which might comprise critical comments indicating areas in need of improvement, or may include the taking or implementation of difficult decisions that may be the subject of disagreement. Constructive and respectful criticism regarding work performance is normally not considered abusive conduct and is not dealt with under the provisions of this policy, but is addressed instead in the context of performance management.

II. Prevention

4. Obligations of staff members, non-staff personnel, and other individuals

4.1. A respectful and harmonious workplace requires a commitment by all staff members, non-staff personnel, and other individuals to demonstrate WHO’s ethical principles, including integrity, professional commitment, and respect for the dignity, worth, equality, diversity, and privacy of all persons. As applicable based on the terms of their legal relationship with WHO, staff members, non-staff personnel, and other individuals shall:

a) undertake mandatory training, including during induction or the onboarding process to set the behavioural expectations and familiarize themselves with this policy and related policies and procedures, including the WHO Whistleblowing and Protection Against Retaliation Policy and Procedures (“WHO Whistleblowing Policy”);\(^6\)

b) attend other training opportunities related to abusive conduct, to the extent possible;

\(^6\) WHO Whistleblowing and Protection Against Retaliation Policy and Procedures.
c) demonstrate commitment to zero tolerance for abusive conduct and treat all people in the workplace with courtesy and respect with an awareness of their own behaviour and how it may be perceived or received by others;

d) not engage in abusive conduct or encourage others to engage in abusive conduct;

e) raise their awareness through available training about sexual harassment and issues of sexual violence against women, as well as the very specific harassment threats that members of the LGBTIQ+ community can face;

f) take action where appropriate, where they feel comfortable, and, where possible, after consulting with the affected individual, if they witness possible abusive conduct and support those impacted as appropriate and to the best of their ability;

g) report possible abusive conduct through the informal or formal channels and cooperate with investigations, audits, and reviews; and,

h) not retaliate against, or encourage others to retaliate against, an individual who has made a report under this policy or who has cooperated with an investigation into such a report.

4.2. Failure to adhere to the obligations above and, in the case of managers and supervisors, to the additional obligations in Section 5, may in some cases rise to the level of misconduct, which in the case of staff members, may lead to the imposition of disciplinary measures and in the case of non-staff personnel and other individuals, to action consistent with the terms of their legal relationship with WHO.

5. Obligations of managers and supervisors

5.1. In addition to leading by example, managers and supervisors are expected to promptly address any concerns about any conduct that is inappropriate but that may not rise to the level of abusive conduct, reiterating the expected standards of conduct, demanding that the inappropriate conduct cease, and reminding the individual that continuation of the conduct could lead to further action taken in accordance with this policy.

5.2. Managers and supervisors shall, in addition to their obligations as staff members:

a) demonstrate their commitment to the prevention of and response to abusive conduct, act as role models by maintaining a high standard of personal conduct with consciousness of the power their position holds, and treat all colleagues with courtesy and respect;

b) respond promptly to reports and ensure that the necessary actions for which they are responsible are taken with respect to the affected individual (e.g., support, interim measures, etc.);

c) maintain open dialogue within their units, monitor their work units for conduct that may be in violation of this policy, and endeavour to promote a harmonious working environment;

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7 Including, but not limited to, lesbian, gay, bisexual, transgender, intersex, and queer or questioning.
d) communicate the content of this policy to their team on a yearly basis through a dedicated in-person meeting\(^8\) and draw attention to any published information available about the consequences of violating this policy; and,

e) endeavour to create an atmosphere in which staff members, non-staff personnel, and other individuals feel free to express concerns about inappropriate behaviours and encourage them to use, without fear of reprisal, the informal and formal mechanisms and all services and recourse mechanisms available to them through WHO.

6. **Obligations of WHO**

WHO will:

a) take appropriate measures to promote a harmonious working environment and protect persons who work at WHO from abusive conduct through preventive measures and, if such conduct has occurred, through action under Staff Regulations, Article X, Staff Rules 1100-1199, or other relevant provisions of the WHO regulatory framework;

b) undertake diligent reference and background checks of external candidates during recruitment processes to ensure that individuals who have a documented history of substantiated abusive conduct are not hired;\(^9\)

c) engage with UN interagency working groups to harmonize practices and develop common databases, where appropriate, and to consolidate information to facilitate interventions, utilization of resources, and best practices, including training programmes and packages.

d) request that contractors, suppliers, and partners adhere to zero tolerance for abusive conduct and commit to taking adequate action if faced with abusive conduct allegations, in the absence of which, contractual arrangements can be terminated or other action may be taken consistent with the terms of their legal relationship with WHO;

e) provide targeted trainings for managers and persons designated to provide support on addressing abusive conduct under this policy, building the skills necessary to effectively communicate with affected individuals of abusive conduct and to respond appropriately;

f) provide ongoing training, awareness-raising, and skill-building for staff members and non-staff personnel, and to the extent possible to other individuals, on diversity, respect, equality, and bystander techniques for intervening in situations of abusive conduct; and,

\(^8\) This task may not be delegated.

\(^9\) If it is later established that an individual has misrepresented her or his conduct history, she or he may be subject to disciplinary sanction or action consistent with the terms of her or his legal relationship with WHO, including dismissal or termination of contract.
g) ensure that the information and mechanisms outlined in this policy to address abusive conduct are accessible to all staff members, as well as, to the extent possible and taking into account the terms of their legal relationship with WHO, to non-staff personnel and other individuals.

III. Resolution Mechanisms and Procedures

7. Early intervention and receipt and handling of reports of abusive conduct made outside the formal complaint process

7.1. Early intervention to identify concerns, address perceived inappropriate behaviours, and resolve conflicts may be effective in ensuring that any inappropriate behaviour is discontinued. The process to resolve a matter through one of the channels described in this section, i.e. approaching the alleged offender, seeking managerial or supervisory intervention, reaching out to WHO resource offices for advice and potential informal resolution, or attempting to informally resolve the matter through mediation, is expected to normally not exceed 90 calendar days. An unsuccessful attempt to resolve the matter through one of the channels described in this section does not preclude further attempts to address it through another channel described in Section 7 or through a formal complaint. An affected individual may still pursue informal resolution of a matter after she or he has made a formal complaint, in good faith and without prejudice to formal proceedings. The formal complaint process will proceed as normal, unless the complaint is withdrawn in accordance with Section H below.

7.2. It is recognized that a matter may not be suitable for resolution through one of the channels described in Section 7. Therefore, a formal complaint may be made without first attempting to resolve the matter through these channels.

A. Approaching the alleged offender

7.3. Affected individuals may, on a voluntary basis and if they feel comfortable and safe doing so, approach alleged offenders about inappropriate behaviour or instances of possible abusive conduct and ask for such behaviour or instances to stop, as the alleged offenders may not be aware of the negative impact of their behaviour on others. However, disparity in power or status, fear of retaliation, or the nature of the behaviour may make direct confrontation difficult, and there is therefore no requirement for such action to be taken.

B. Managerial/supervisory intervention

7.4. Affected individuals who believe they may have been subject to inappropriate behaviour or instances of possible abusive conduct should normally raise this with their supervisor or other officials in their workplace hierarchies if the situation allows and they feel comfortable doing so. Any manager/supervisor approached by an affected individual is expected to inform that person that confidential advice, assistance, and information about the options available under WHO’s legal framework

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10 See Annex 1: The various channels and steps for addressing possible abusive conduct. The various channels and steps may vary depending on the terms of the affected individual or alleged offender’s legal relationship with WHO, in accordance with this policy.
to address such conduct, depending on the terms of that person’s legal relationship with WHO, may be obtained from various resources at WHO. These resources, which as described in paragraph 9.2 below, provide different types of support, are: the Department of Human Resources and Talent Management (“HRT”) in Headquarters (“HQ”) or from individuals performing human resources roles in the regional offices and country offices (collectively “HR” in this policy), the Office of Compliance, Risk Management and Ethics (“CRE”), the Office of the Ombudsman and Mediation Services in HQ or the Regional Ombudsmen (collectively “the Ombudsman” in this policy), the Staff Associations in the respective offices, or the Staff Health and Wellbeing Services (“SHW”) in HQ and the regional offices, including the Staff Counsellor or Staff Psychologist.

7.5. In addition, with the consent of an affected individual to intervene with the alleged offender regarding the inappropriate behaviour or instances of possible abusive conduct, managers/supervisors, are encouraged to consult with HR, CRE, or the Ombudsman regarding appropriate action they could take. Such action may include, with the affected individual’s consent, discussing the conduct in question with the alleged offender individually or, with the consent of both the affected individual and alleged offender, providing an opportunity for facilitated discussion among the individuals about the conduct in question. The intervention may allow for the matter to be addressed promptly at the managerial level. The manager/supervisor shall maintain a record about the matter and any managerial/supervisory intervention taken.

7.6. Any manager/supervisor who has been informed about inappropriate behaviour or instances of possible abusive conduct shall provide advice, assistance, and/or information in a timely, sensitive, and impartial manner. Any manager/supervisor who is unsure of what action to take should consult one of the available resources within WHO listed in paragraph 7.4 for guidance. In instances of serious abusive conduct such as physical or sexual assault, managers/supervisors should report the matter to the Office of Internal Oversight Services (“IOS”).

C. Reaching out to WHO resource offices for advice and potential informal resolution

7.7. Affected individuals and other impacted individuals may prefer, and are encouraged to, discuss their situation with any of the WHO resources listed in paragraph 7.4 above, who can assist them by explaining the options available under WHO’s framework and indicating resources available for support purposes. With the consent of the affected individual, colleagues from the above WHO resources may assist in engaging the parties to resolve the matter informally by, for example, meeting informally with the alleged offender to discuss the situation and the manner in which it might be resolved.

7.8. One tool to raise concerns of inappropriate behaviour and possible abusive conduct is through the Integrity Hotline, which takes in reports from around the world in all official languages of WHO confidentially, and where preferred by the individual making the report, anonymously. Reports may be made by any individual who considers that she or he was the target of abusive conduct or who has direct

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11 See paragraph 9.2 for a list of WHO’s support resources and the type of support that each may provide.
12 [https://www.who.int/about/ethics/integrity-hotline](https://www.who.int/about/ethics/integrity-hotline).
or indirect knowledge of an incident of abusive conduct. Reports made to the Integrity Hotline are considered by CRE, and may be referred to one of the WHO resource offices listed above and/or to IOS in accordance with the formal complaints procedure set out in Section 8 below.

7.9. Affected individuals may choose to discuss their situation in strict confidentiality with the Ombudsman.\(^\text{13}\) As an independent and neutral interlocutor, the Ombudsman may discuss options and make referrals according to the wishes of the affected individual. The Ombudsman may also, with the consent of the affected individual, approach the individual engaging in the inappropriate behavior or possible abusive conduct in order to explore the possibility of mediation or to convey the affected individual’s concerns. Nothing is triggered automatically by contacting the Ombudsman and the contact itself is “off the record.” Affected individuals visiting the Ombudsman therefore remain in control of any decisions they may wish to make following such a visit to discuss options. The Ombudsman is bound by strict rules of confidentiality under its terms of reference. Documentation and other information may not be shared with any other WHO resource office without the consent of the affected individual or other person seeking support, except in exceptional circumstances.

D. Mediation

7.10. An affected individual may approach the Ombudsman seeking the informal resolution of possible abusive conduct through mediation.\(^\text{14}\) Mediation is an informal, voluntary, confidential process, aimed at the resolution of work-related concerns and promoting shared understanding on an issue, in which a mediator facilitates effective communication between the parties with a view to assisting them in finding a mutually agreeable resolution of their work-related concerns. As a voluntary process, mediation can only take place with the consent of all the parties involved. As a confidential process, a statement made or document prepared in the course of mediation may be used or relied upon in any formal proceeding only under exceptional circumstances.

7.11. The mediation process may be concluded in one of the following ways:

- One or both of the parties choose to withdraw from the mediation process at any time;
- The mediator determines that the mediation process is unsuccessful or no longer appropriate; or
- The mediation process leads to a mutually agreeable solution.

7.12. Should an Ombudsman consider that mediation does not appear to be the appropriate channel to address a particular work-related concern, the Ombudsman may, when appropriate, review with the parties other channels available.

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\(^{13}\) More information may be found at [http://intranet.who.int/homes/omb/](http://intranet.who.int/homes/omb/).

\(^{14}\) See WHO e-Manual III.12.2 for further details.
8. **Receipt and handling of formal complaints of abusive conduct**

A. **Formal Complaint**

8.1 In circumstances where the affected individual does not consider the resolution channels described in the previous section feasible or appropriate, or where these channels have been unsuccessful, she or he may submit a formal complaint of abusive conduct, which will be dealt with in accordance with the formal resolution procedure set out below. Formal complaints of possible abusive conduct may also be made by persons who have direct knowledge of possible abusive conduct or by any third party.

8.2 Formal complaints must be submitted to Director, IOS on the following email address investigation@who.int.15

8.3 Formal complaints may be made anonymously and are not subject to deadlines. The anonymity of complaints and/or the passage of time may, however, result in complaints of abusive conduct that may be more difficult to investigate and pursue through internal disciplinary proceedings. Delay may result in the loss of evidence or in the inability to question the alleged offender or witnesses. Therefore, affected individuals are encouraged to make a formal complaint as soon as possible. In all cases, it will be for the responsible entities at each stage of the process to determine whether there is a sufficient basis to move forward.

8.4 A formal complaint of abusive conduct shall, to the extent possible, describe specific incident(s) of possible abusive conduct or a pattern of possible abusive conduct. The formal complaint should include as much detail as possible, such as:

- Name of the alleged offender;
- Name of the alleged affected individual, if the complaint is made by a third party;
- Date(s) and location(s) of incidents;
- Description of incident(s)/patterns;
- Names of witnesses, if any;
- Any other relevant information, including documentary evidence, if available, and how the person making the complaint considers that the alleged conduct violated this policy; and,
- Date of the submission of the complaint and the name of person making the complaint, unless the complaint is made anonymously.

8.5 If the person making the complaint chooses to report on an anonymous basis, she or he must provide sufficient information concerning the basis of the allegations and sufficient detail or supporting factual basis that the matter can be pursued responsibly. Otherwise the matter normally cannot be pursued beyond an initial review.

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15 [http://intranet.who.int/homes/ios/investigation/](http://intranet.who.int/homes/ios/investigation/)
8.6 Affected individuals are encouraged to keep a written or electronic record of the details, dates, times, and circumstances of incidents, as well as how the incidents have affected them and their ability to work effectively. They should document the names of any witnesses and/or anyone who may have relevant information. They should also preserve any relevant documents or other potential physical evidence of the behavior or the circumstances of the incidents.

8.7 Any formal complaint of abusive conduct shall be acknowledged by Director, IOS, normally within 10 working days of its receipt. All formal complaints of sexual harassment shall be treated as a high priority.

8.8 On receipt of a complete formal complaint, Director, IOS shall conduct an initial review of the substance in consultation with Director, HRT. As a result of this review and consultation, Director, HRT may take or recommend any interim measure considered appropriate pending the resolution of the formal complaint. Where the complaint of abusive conduct may present a risk of immediate or future retaliation at any time during an investigation, Director, IOS, will consult with Director, CRE, who may recommend measures to protect against retaliation, in conformity with the WHO Whistleblowing Policy, where applicable. These measures cannot be applied if the formal complaint was made anonymously and anonymity is maintained.

8.9 Following the initial review, which shall normally be completed within 30 calendar days of receipt of a complete formal complaint, Director, IOS will determine whether or not an investigation is warranted.

8.10 In cases where the formal complaint of abusive conduct is submitted by a person other than the affected individual, IOS will consider the views or the situation of the affected individual before deciding on whether to proceed with an investigation. The affected individual’s safety will remain the primary consideration for IOS.

8.11 If no investigation is undertaken and there is no direct referral for consideration of disciplinary action as per Section E below, Director, HRT, in consultation with Director, IOS and, where there is a risk of retaliation, with Director, CRE, shall determine which of the following approaches shall be taken and inform the affected individual accordingly:

   a) Close the matter, as there is no prima facie case of abusive conduct, with no further action;

   b) Close the matter, as there is no prima facie case of abusive conduct, but take managerial or administrative action to address issues raised in the complaint. Such managerial or administrative action may include mandatory training, counselling, change in function or responsibilities, warning, or other appropriate corrective measures;

   c) With the consent of the affected individual, refer the matter to another appropriate official charged with resolving the matter informally for assessment and action. In such a case, the formal procedure shall be suspended up to 90 calendar days pending conclusion of the informal process; or,

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16 Where the formal complaint relates to an individual who is a staff member or non-staff personnel of another UN organization, the report will normally be referred to that organization for investigation.
d) Take other appropriate action.

8.12 Where investigations are undertaken, WHO is committed to ensuring that allegations of abusive conduct are investigated in an impartial, thorough, and timely manner and that the rights of all parties are fully respected. Investigations are conducted by IOS or under their responsibility, in line with IOS’ guidelines, as summarized in the IOS document “The Investigation Process”.17

8.13 Staff members filing a false complaint of abusive conduct knowingly and deliberately, or with a reckless disregard for the truth of the statements therein, will be subject to disciplinary action. Non-staff personnel and other individuals filing such a complaint will be subject to action consistent with the terms of their legal relationship with WHO.

i. Post-investigation process for alleged offenders who are staff members

8.14 At the conclusion of the investigation, a confidential investigation report will be prepared which presents the established facts and evidence that have been gathered. The investigation report shall conclude whether the allegations of abusive conduct are substantiated and whether this policy has been violated. IOS will complete and submit the investigation report to the Director-General when the alleged offender is a staff member at HQ, and to the Regional Director when the alleged offender is a staff member in the region, normally within 180 calendar days18 of the date of the initiation of the investigation.

8.15 The Director-General/Regional Director shall forward the investigation report to a Global Advisory Committee on formal complaints of abusive conduct (the “Committee”) upon receipt. The Committee shall review the investigation report and provide its recommendation to the Director-General/Regional Director concerning an appropriate course of action, in accordance with the options set out in paragraph 8.16 below, normally no later than 60 calendar days from the date of the receipt of the investigation report. The Committee shall provide its recommendation in line with its terms of reference and method of work, determined by the Director-General and provided in Annex 2.

8.16 Within 30 calendar days of the receipt of the views of the Committee and upon review thereof, together with the investigation report, the Director-General19/Regional Director shall decide on one or more of the following courses of action:

a) Close the case with no further action if the facts established by the investigation do not substantiate the complaint of abusive conduct, or if there is insufficient evidence or information to determine whether the alleged abusive conduct occurred;20

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17 The Investigation Process.
18 However, this timeline may be extended depending on a number of factors, such as the nature and complexity of the case, the availability of potential witnesses, the timeliness of input from witnesses, operational needs, referral to the Director-General and/or identification of an alternate mechanism, the engagement and/or onboarding of external resources, or other relevant factors, which may be beyond the control of IOS.
19 When the alleged offender is a staff member of an entity hosted by WHO or to whom WHO provides administrative services, the decision will be made in accordance with the legal framework applicable to that entity.
20 Even in cases where the decision is made to close the case with no further action, the affected individual may still
b) **Close the case with managerial action** if the facts established by the investigation lead to a conclusion that some factual basis exists for certain allegations, and that, while not sufficient to justify disciplinary proceedings, the facts warrant managerial action;\(^{21}\)

c) **Initiate disciplinary proceedings** against the alleged offender in accordance with the Staff Rules if the facts established by the investigation lead to a conclusion that the allegations are substantiated and that the conduct in question may amount to abusive conduct; or against the individual who made the formal complaint if the facts established by the investigation lead to a conclusion that she or he filed a false complaint knowingly and deliberately or with a reckless disregard for the truth. The disciplinary proceedings may result in the imposition of sanctions up to, and including, summary dismissal; or,

d) **Take other appropriate action.**

8.17 The affected individual and the alleged offender will be informed of the outcome of the process following the investigation and both parties will normally receive a copy of the investigation report. The provision of any such information shall respect the principle of confidentiality as applicable to the alleged offender and to the affected individual and shall be made on a strictly confidential basis.

**ii. Post-investigative process for alleged offenders who are non-staff personnel or other individuals**

8.18 At the conclusion of the investigation, a confidential investigation report will be prepared which presents the established facts and evidence that have been gathered. In cases where the investigation establishes that the allegations against a non-staff personnel or other individual are substantiated and that the conduct in question may amount to abusive conduct, the non-staff personnel and, depending on the circumstances, the other individual, will be provided with the evidence against her or him, including the investigation report, and will be given the opportunity to respond to the charges and provide any additional evidence. If Director, HRT, for non-staff personnel and other individuals at HQ, and the Regional HR Manager in consultation with Director, HRT, for non-staff personnel and other individuals in the regions, determines that the conduct in question occurred and constitutes abusive conduct, she or he will take action consistent with the terms of the offender’s legal relationship with WHO, such as termination or non-renewal of individual contracts, prohibition on rehiring, or exclusion from procurement processes. In cases where the alleged abusive conduct is not established, the case may be closed with no further action, the case may be closed with managerial action, or other appropriate action may be taken, depending on the circumstances of the case. The affected individual and the alleged offender will be informed of the outcome of the process following the investigation. The provision of any such information shall respect the principle of confidentiality as applicable to the alleged offender and to the affected individual and shall be made on a strictly confidential basis.

**B. Investigation at Director-General’s request**

8.19 A complaint of abusive conduct is normally considered only on the basis of a formal complaint consult the available resources within WHO listed in paragraph 7.4 for guidance.

\(^{21}\) Managerial action may include mandatory training, counselling, a change of functions or responsibilities, warning, or other appropriate measure(s).
submitted as described in paragraph 8.2. However, the Director-General may request the investigation of any alleged abusive conduct at her or his own initiative, including with or without reference to a formal complaint.

C. Referral to national authorities

8.20 If, following an investigation, WHO concludes that there are credible allegations of possible criminal conduct, the underlying matter shall be treated in accordance with WHO’s applicable legal framework and practices, including referral of such allegations to national authorities.

D. Separation from WHO before a final decision on the formal complaint is made

8.21 If the alleged offender separates from WHO before any final decision on the formal complaint is made, the case will be reviewed and, if the abusive conduct is confirmed, appropriate administrative measures can be taken. WHO may disclose violations of the provisions of this policy to other UN agencies and/or donors and partners, and/or to ban the offender from future employment and procurement.

E. Direct referral by Director, IOS for consideration of disciplinary proceedings or other action

8.22 In certain cases – for example, where there is manifest evidence already at the initial review stage sufficient to determine that the alleged offender has engaged in abusive conduct – Director, IOS in consultation with Director, HRT for staff members at HQ, and with Director of Administration and Finance22 (“DAF”) for staff members in the regions, may recommend to the Director-General/Regional Director, that disciplinary proceedings be considered.23 When the alleged offender is a non-staff personnel or other individual, Director, IOS may recommend to Director, HRT, for non-staff personnel and other individuals at HQ, and the Regional HR Manager, for non-staff personnel and other individuals in the regions, that action consistent with terms of the alleged offender’s legal relationship with WHO be considered.

F. Addressing formal complaints of abusive conduct in cases that may entail a potential conflict of interest for IOS

8.23 Allegations of abusive conduct against IOS staff members or its Director shall not be investigated by IOS and shall be referred to the Director-General, who may seek advice from the Independent Expert Oversight Advisory Committee.

8.24 Should an actual or potential conflict of interest exist making it prudent for IOS to recuse itself from undertaking the initial review/investigation of a case, the complaint shall be referred to the Director-General, who will identify an alternative mechanism. In such circumstances, the applicable timeframe will begin upon receipt of the formal complaint by the alternative mechanism.

G. Appeal mechanisms

8.25 Both the affected individual and the alleged offender may request a review of any adverse final

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22 Or equivalent position.
23 Interim measures may be taken, in accordance with Section 11 below.
decision or of an alleged failure to make a decision in respect to this policy, in accordance with the dispute resolution mechanism provided for in their terms of engagement with WHO.

H. Withdrawal of complaint

8.26 If a person who made a complaint of abusive conduct wishes to withdraw the complaint at any stage before a final decision is made, she or he must address a written request to Director, IOS. When the alleged offender is a staff member, the Director-General/Regional Director may, following consultation with Director, IOS and Director, HRT/DAF, accept the withdrawal of the complaint or may nonetheless decide to pursue the matter. When the alleged offender is a non-staff personnel or another individual, Director, HRT, for non-staff personnel and other individuals at HQ, and the Regional HR Manager in consultation with Director, HRT, for non-staff personnel and other individuals in the regions, may, following consultation with Director, IOS, accept the withdrawal of the complaint or may nonetheless decide to pursue the matter.

I. Unauthorized disclosure of confidential information

8.27 Information or documentation relating to or arising from an allegation of abusive conduct (including, but not limited to, the identity of an affected person, impacted person, alleged offender, and/or any witnesses or support persons, the nature of the allegations, the status or outcome of an investigation, etc.) must be maintained as strictly confidential, except as may be appropriately disclosed during an investigation, in accordance with this policy, or when formally authorized by the Director-General.

8.28 The unauthorized disclosure of the identity of the impacted individuals, status of an investigation, and/or any other information or documentation relating to, or arising from, an allegation of abusive conduct is strictly prohibited and may lead to the imposition of disciplinary measures on staff and in the case of non-staff personnel and other individuals, to action consistent with the terms of their legal relationship with WHO.

IV. Support

9. Confidential guidance and support

9.1. WHO acknowledges that guidance and support to the affected individual may be required at different stages, including:

   a) Before making a complaint, regarding options to address the matter;

   b) During any formal or informal process; and

   c) At and following the conclusion of any formal or informal process or investigation.

9.2. There may be a distinction as to the support available to impacted individuals depending on their legal relationship with WHO. The following offices or entities are available to provide support and guidance to staff members, non-staff personnel, and other individuals, as applicable:

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24 Or equivalent position.
<table>
<thead>
<tr>
<th>Office/entity</th>
<th>Support provided</th>
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| CRE           | - Information and advice on the resolution mechanisms and processes available within WHO  
                - Information on possible interim measures and concerns of retaliation, where applicable  
                - Referral to internal and external local services specializing in sexual harassment, violence against women, violence against LGBTIQ+ individuals, including gender non-conforming individuals or support for men who experience violence, to the extent available (this support may be available via UN Women country offices)  
                - Through the Integrity Hotline, acceptance of reports of abusive conduct from around the world in all official languages of WHO confidentially, and where preferred by the individual making the report, anonymously |
| First or second level manager/supervisor | - Information on where to obtain confidential advice, assistance, and information about the options available under WHO’s legal framework  
                - Practical support to address alleged incidents, including, where appropriate, providing an opportunity for facilitated discussion among colleagues about the conduct in question |
| HRT in HQ or individuals performing HR roles in the regional offices and country offices | - Information on the reporting options available within WHO  
                - Information on possible interim measures, where appropriate  
                - Support and guidance on how to report to, and what to expect from, local authorities, particularly if the alleged behaviour constitutes a crime |
| Office of the Ombudsman and Mediation Services in HQ or Regional Ombudsmen | - Confidential discussion, as well as information and advice on the options available to address possible abusive conduct, including the reporting mechanisms available within WHO  
                - Mediation/facilitated discussion, with the agreement of the parties |
| Security Officer or UN Office of Safety and Security | - Immediate assistance for safety and physical security  
                - Documentation of an incident concerning safety and physical security |
| Staff Associations in the respective offices | - Information and advice on the reporting options available within WHO  
                - Support and guidance during the process |
| Staff Counsellor/Staff Psychologist | - Psycho-social counselling  
                - Recommendations for referral for in-house or external psycho-social counselling, to the extent possible, within the country of duty station |
| SHW in HQ and the regional offices | - Medical support  
                - Information on low-cost health insurance applicable for the duty station for persons who do not have insurance |

9.3. The entities above may be reached through multiple possible channels, including by email, telephone, or, where available, in person. Contact information for the above offices is available at [https://intranet.who.int/sites/paac/](https://intranet.who.int/sites/paac/).
9.4. The support listed in this section may remain available for the duration that the affected individual continues in service with WHO. Thereafter, the following support may be available for persons who have left the service of WHO:

a) right to health coverage/after service health care, where available in accordance with WHO’s policy; and

b) compensation for service-incurred injuries or illness, where available in accordance with WHO’s policy.

9.5. In accordance with the HR e-Manual III.20, Annex 7.E, paragraph 9.4, the Advisory Committee on Compensation Claims (“ACCC”) will not consider any claim for recognition of a service-incurred injury or illness caused by alleged abusive conduct, as that term is defined by the Organization, unless the allegation of abusive conduct has been the subject of an IOS investigation. It is important, nevertheless, to ensure that the ACCC deadline to file a claim is adhered to regardless of the status of any IOS investigation. Upon receipt of a claim to the ACCC within the prescribed timelines, the ACCC will defer the consideration of the claim until an investigation has been completed and Director-General has provided the ACCC with a copy of the investigation report. The IOS investigation report will be used by the ACCC to assist it in determining the facts of the claim. Nonetheless, a finding that certain conduct did or did not constitute abusive conduct, as defined by the Organization, will not necessarily be determinative of a staff member’s claim.

9.6. If the abusive conduct involves physical violence, affected individuals are advised to contact, as appropriate and practicable, the emergency security services in their duty station and/or police, and to seek urgent medical attention. Some instances of abusive conduct may be criminal offenses and may be more appropriately investigated by local authorities, such as the police. Affected individuals may seek the support and guidance of HR on how to report to, and what to expect from, local authorities.

10. Work performance

10.1 When WHO becomes aware that a person is an affected individual, WHO will check if that individual’s work performance or conduct has been impacted. WHO will offer support to the affected individual and work in collaboration with her or him to address the areas impacted, including by being mindful of the applicable circumstances in performance reviews, but subject to the need to take appropriate management action in the circumstances.

10.2 Reasonable accommodations may be considered to respond to related work performance issues and may include:

a) establishing a new work plan for the affected individual; or

b) providing leave or other alternative working arrangements.

10.3 Due regard to confidentiality will be given when communicating accommodations to supervisors or colleagues, as appropriate.
11. Interim measures

11.1 WHO recognizes that interim measures may be required to provide support to the affected individual, to ensure the integrity of the investigation and any evidence, to prevent the occurrence or repetition of prohibited conduct, or to prevent retaliation. Interim measures may also be necessary to protect the interests of WHO, including the effective functioning of an office. Such measures may include, but are not limited to:

a) measures to physically separate the alleged offender and the affected individual;  
b) transfer (e.g., reassignment, loan, etc.) of either the alleged offender or the affected individual to another vacant position or function;  
c) the consideration of special leave for either the alleged offender or the affected individual;  
d) temporary changes in reporting lines;  
e) the placement of the alleged offender on administrative leave; or,  
f) any other appropriate measure or combination of measures to the extent consistent with WHO’s policies and practices.

11.2 HRT or CRE will recommend and/or implement interim measures, as appropriate, in accordance with this policy.

12. Support person accompanying the affected individual and alleged offender

12.1 Given the particularly personal and sensitive nature of abusive conduct, affected individuals and alleged offenders may be accompanied by one staff member or non-staff personnel during the formal or informal processes to provide emotional support, in accordance with this policy. Support must be limited to emotional support only and may not extend to legal representation or legal advocacy.

12.2 The support person must be reasonably available for the provision of support and must not be potentially subject to a conflict of interest. The support person must not be a witness (direct or corroborative) to the abusive conduct allegation, as this would amount to a conflict of interest. The support person shall immediately disclose any potential conflict of interest to Director, HRT, Director, CRE, Director, IOS, or the Ombudsman, as appropriate.

12.3 The support person must keep information relating to, or arising out of, the allegation of abusive conduct strictly confidential, except as may be appropriately disclosed during an investigation or in compliance with any required disclosure to Director, CRE or to SHW. The unauthorized disclosure of the identity of the impacted individuals, information, or documentation is strictly prohibited and may lead to the imposition of disciplinary measures on staff and in the case of non-staff personnel, to action consistent with the terms of their legal relationship with WHO.
12.4 In the interest of safeguarding the integrity of an investigation, WHO may exclude the support person if WHO considers that she or he is being disruptive or impeding the process in any way, including by answering questions or speaking on behalf of the affected individual or alleged offender, as applicable.

12.5 More generally, WHO may provide reasonable objection, during any stage of the formal or informal process, to a particular individual being present if it has reason to believe that a conflict of interest exists or that her or his presence would jeopardize the process. In such cases, the affected individual or alleged offender, as applicable, may choose an alternative individual who is readily accessible and available to accompany her or him, provided that such action does not lead to a delay in the proceedings.

13. Post-decision monitoring

Once an investigation has been completed and a decision made on the outcome, appropriate measures shall be taken by WHO to keep the situation under review. These measures may include, but are not limited to, the following:

a) HRT ensuring that any administrative or disciplinary measures taken as a result of the fact-finding investigation have been duly implemented; and,

b) Where appropriate given the nature and seriousness of the established conduct, CRE monitoring the status of the affected individual, the offender, and the work unit(s) concerned at regular intervals in order to ensure that no party is subjected to retaliation as a consequence of the investigation, its findings, or the outcome. Where retaliation is detected, appropriate action will be taken, including action in accordance with the WHO Whistleblowing Policy, as applicable.

14. Protection against retaliation

14.1 All staff members, non-staff personnel, and other individuals have the right to invoke the applicable procedures provided for in this policy without fear of intimidation or unfavourable treatment. If any individual considers that she or he is being subject to retaliation, she or he should contact CRE.

14.2 Protection from retaliation is available to a person making a report of possible abusive conduct or cooperating with an investigation into such a report, including as a witness, in accordance with the WHO Whistleblowing Policy where applicable, irrespective of the outcome of the report of abusive conduct. Anyone making a report of possible abusive conduct shall be informed about her or his right not to be subject to retaliation.

14.3 Retaliation against an individual who reports possible abusive conduct or who cooperates with the investigation of such a report constitutes misconduct. Any staff member who engages in retaliation will be subject to managerial, administrative, and/or disciplinary measures consistent with WHO’s Staff Regulations and Staff Rules and policies. Non-staff personnel and other individuals will be subject to action consistent with the terms of their legal relationship with WHO.
V. Additional considerations

15. Data collection and use

15.1 Data will be collected periodically by the Organization and analysed and will be shared through reports to staff, management, WHO resource offices, and others to inform the development of outreach activities, interventions, and updates to relevant policies.

15.2 Anonymized data and information will be maintained for internal and external monitoring and analysis of abusive conduct. The annual communication on disciplinary matters published by Director, HRT, will include an account of disciplinary measures imposed in confirmed instances of abusive conduct. WHO may report violations of the provisions of this policy to other UN system organizations, applicable screening databases, and/or donors and partners.

16. Implementation

16.1 The Director-General is accountable for ensuring implementation of this policy and has overall responsibility for monitoring its effectiveness.

16.2 This policy will be reviewed periodically with any revisions identified on an as-needed basis, but minimally every 3 years, taking into account information learned from monitoring of the policy and any changes in the structures, complementary policies, and context of WHO that would impact the implementation of this policy.
Annex 1: The various channels and steps for addressing possible abusive conduct

The various channels and steps may vary depending on the terms of the affected individual or alleged offender’s legal relationship with WHO, in accordance with this policy.
Annex 2: Terms of Reference and Method of Work of the Global Advisory Committee on formal complaints of abusive conduct

The Terms of Reference and Method of Work of the Global Advisory Committee on formal complaints of abusive conduct (the “Committee”) are determined by the Director-General as per the provisions of the policy on Preventing and Addressing Abusive Conduct (the “Policy”).

The Terms of Reference and Method of Work are as follows:

1. Background

The role of the Committee is to review confidential investigation reports on allegations of abusive conduct1 (“Investigation Report(s)”)2 and to provide its recommendation to the Director-General/Regional Director concerning an appropriate course of action in accordance with the options set out in the Policy, namely:

(i) to close the case with no further action;
(ii) to close the case with managerial action;
(iii) to initiate disciplinary proceedings in accordance with the Staff Rules against the alleged offender or the individual who made the formal complaint if the Investigation Report establishes that she or he filed a false complaint knowingly and deliberately or with a reckless disregard for the truth; or
(iv) other appropriate action.

2. Composition of the Committee; Terms of service

2.1. The Committee is composed of:

(i) five staff members elected by staff;
(ii) five staff members designated by the Director-General, following consultation with the Regional Directors; and,
(iii) five senior staff members designated by the Director-General, following consultation with the Regional Directors. The members in this group shall act as Committee Chair.

2.2. In designating or electing members of the Committee, special attention should be given to achieving, to the extent possible, a balanced and diverse representation by gender, age, and grade level.

2.3. The term of service of the Committee members designated by the Director-General or elected by staff shall be two years. Any member may be reappointed or re-elected.

2.4. Upon being designated or elected, and before taking part in her or his first meeting of a panel, each member must attend a training regarding the legal framework and principles applicable to abusive conduct at WHO. In order to remain in the Committee, members must attend the trainings provided by CRE, with support on the legal aspects by HRT, twice a year. Trainings will provide

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1 Discrimination, abuse of authority, and harassment, including sexual harassment.
2 A reference to “Investigation Reports” herein includes annexes enclosed in Investigation Reports.
information on, *inter alia*, the applicable legal framework, including recent developments in the jurisprudence of the Administrative Tribunal of the International Labour Organization.

2.5. Committee members shall have dedicated time to perform their functions.

2.6. Individuals who have received a disciplinary measure or administrative measure following a disciplinary proceeding for engaging in abusive conduct are precluded from serving as Committee members.

3. **Committee Secretary; Term of service**

3.1. The Secretary will be a staff member whose post description shall include the Committee Secretary’s functions.

3.2. The Secretary is responsible for:

   (i) preparing the relevant documents for consideration by the Committee;

   (ii) dealing with correspondence, including receiving the Investigation Reports from the Director-General/Regional Director and sending the Committee’s recommendation to the Director-General/Regional Director;

   (iii) scheduling meetings and assisting the Chair in ensuring the Committee complies with the applicable timelines;

   (iv) maintaining and updating the files located in the Committee’s digital platform and managing access to Committee members as required;

   (v) documenting each Committee member’s and her or his own compliance with the training requirements;

   (vi) ensuring that all notes regarding the Committee’s deliberations are destroyed following the receipt of the Director-General/Regional Director’s decision in a case; and,

   (vii) providing an annual report to the Director-General on the cases and recommendations made by the Committee.

3.3. The Secretary shall be familiar with the Committee’s Terms of Reference and Method of Work, shall undertake the training stipulated in paragraph 2.4 above, and shall adhere to the same strict confidentiality requirements as Committee members.

3.4. Individuals who have received a disciplinary measure or administrative measure following a disciplinary proceeding for engaging in abusive conduct are precluded from serving as the Committee Secretary.

4. **General Principles**

Committee members and the Committee Secretary shall observe the following general principles:

   (i) To adhere strictly to the Policy and, where applicable, WHO Staff Regulations, Staff Rules, and e-Manual provisions;
(ii) To respect the strict confidentiality of Investigation Reports and discussions of the Committee, on both general issues and individual cases. Unless expressly authorized by the Director-General/Regional Director, strict confidentiality prohibits, inter alia, communications concerning the work of the Committee between – on the one hand – members and – on the other – affected individuals, alleged offenders, persons interviewed by the Office of Internal Oversight Services (“IOS”) or any other third party;

(iii) To remain independent from external pressures and to exercise independent and impartial judgment, recognizing that members do not represent any particular constituency;

(iv) To be systematic and objective in carrying out the work of the Committee; and

(v) To work cooperatively and in an atmosphere of mutual respect while encouraging frank discussion.

5. **Method of Work**

   **Establishment of the Panel**

5.1. Upon receipt of an Investigation Report, the Director-General/Regional Director shall send three copies thereof under strictly confidential cover to the Secretary, who shall immediately send one copy to one of the members in paragraph 2.1(iii) above, who shall act as the Chair. Upon receipt of the Investigation Report, the Chair shall designate one member from each of the other two groups listed in paragraph 2.1 to serve on a three-person panel to consider the Investigation Report (“the Panel”). The Secretary shall confidentially provide the Panel members designated by the Chair with the names of the affected individual, the alleged offender, and persons interviewed by IOS. This will provide the designated Panel members with the information needed to complete the Declaration of Interest referred to in paragraph 5.2, below.

5.2. For each case, the designated Panel members shall declare in writing any actual or perceived conflict of interest, by filling out the Declaration that is Part I of Annex A and submitting it to the Secretary under confidential cover. A conflict of interest may arise through, for example, a supervisory relationship; service in the same department; ties of blood, marriage or friendship; or a prior conflict or dispute with an affected individual, alleged offender, or person interviewed by IOS. Designated Panel members are also required to complete the undertaking that is Part II of Annex A. For each case, the Secretary shall fill out the Declaration of Interest as well and submit it to the Chair.

5.3. Upon receipt of the Declaration of Interest referred to in paragraph 5.2, above, the Chair shall decide whether a designated Panel member shall be replaced on the Panel by another member of her or his group listed in paragraph 2.1(i) or 2.1(ii), as applicable, or other appropriate action taken (e.g., where all members have a conflict of interest, the designation of an alternate individual). If the Chair has an actual or perceived conflict of interest, the Chair shall be replaced on the Panel by another member of her or his group listed in paragraph 2.1(iii), who shall act as Chair for the consideration of the Investigation Report and related actions. If the Secretary has an actual or perceived conflict of interest, the Chair shall refer the matter to the Chef de Cabinet for the designation of an alternate individual who shall act as Secretary for that case.
5.4. When a designated Panel member is replaced on a Panel by another member, the process described in paragraphs 5.1 - 5.3, above, concerning any perceived or actual conflict of interest is carried out anew.

5.5. Upon conclusion of the process described in paragraphs 5.1 - 5.4, the Secretary shall notify the affected individual and the alleged offender of the names of the designated Panel members. The affected individual and the alleged offender may make observations on the composition of the Panel. Any such observations must be received by the Secretary within 5 working days of receipt by the affected individual/alleged offender of the notification. If the deadline expires with no response, the Panel will be established as composed. Any observations regarding the suitability of any designated Panel member to participate on the Panel must include reasons. Upon receipt of any observations, the process described in paragraph 5.3 above shall be carried out.

5.6. The Panel will normally be established within 15 days of the Secretary receiving the Investigation Report from the Director-General/Regional Director.

Meeting(s) of the Panel

5.7. Upon conclusion of the actions described in paragraphs 5.1 – 5.5 above, and before the first meeting of the Panel, the Secretary shall provide the two Panel members besides the Chair with a strictly confidential copy of the Investigation Report.

5.8. The Chair shall convene a meeting of the Panel to consider the Investigation Report normally within 15 days of the Panel’s establishment.

5.9. Meetings shall be held in person, by videoconference, or conference call, or a combination thereof. Meetings shall be held in private.

Recommendation of the Panel

5.10. The Panel shall base its recommendation exclusively on its consideration of the Investigation Report. It follows that the Panel has no authority, *inter alia*, to hear witnesses or to request witness statements or any other documentation not included in the Investigation Report.

5.11. Following its consideration of an Investigation Report, the Panel shall provide its reasoned recommendation to the Director-General/Regional Director concerning an appropriate course of action, in accordance with the options set out in paragraph 1 above. The recommendation shall be conveyed in a written communication to be signed by the three Panel members and transmitted under strictly confidential cover by the Secretary.

5.12. When possible, the Panel members shall reach a consensus view. However, if member(s) have a divergent view, the divergent view shall be included in the communication to the Director-General/Regional Director, with reasons.

5.13. The Panel will normally complete its review and provide its reasoned recommendation to the Director-General/Regional Director within 30 days of the first meeting of the Panel.

5.14. Upon the conclusion of the Panel’s involvement in the review of an Investigation Report, the Secretary shall destroy all copies of the Investigation Report. There shall be no record of Panel and Committee meetings, except as may be required to permit a Panel to prepare its communication to the Director-General/Regional Director. Any such record, working notes or working documents,
not including the declarations referred to in paragraph 5.2, above, shall be destroyed by the Secretary after the Panel, through the Secretary, has received a strictly confidential copy of the decision of the Director-General/Regional Director. The Secretary will retain one copy of the Panel’s recommendation in its archives on the Committee’s digital platform.

5.15. The Secretary will provide an annual report to the Director-General on the cases and recommendations made.

5.16. All procedural matters not expressly provided for in the present Terms of Reference and Method of Work shall be dealt with by decision of a Panel in a particular case, subject to the agreement of the Director-General/Regional Director.
Part I - Declaration of Interest

This Declaration is made pursuant to the policy on Preventing and Addressing Abusive Conduct and the Terms of Reference and Method of Work of the Global Advisory Committee on formal complaints of abusive conduct (the “Committee”).

It is the responsibility of all members and the Secretary of the Committee who may participate on a Panel in the present case to provide all information needed to assess whether their participation could be considered a conflict of interest.

You are required to disclose on this form any circumstance that could represent a potential conflict of interest, namely any interest or circumstance that may affect, or may reasonably be perceived to affect, your objectivity and independence in reviewing the Investigation Report and providing a recommendation concerning the appropriate course of action to be taken in the present case.

Questions 1-6 below address common areas of potential conflict. In replying to Question 7, please include any information not covered in questions 1-6 that could be in any way relevant.

Answering “yes” to a question on this form does not automatically disqualify you from participation on the Panel. The assessment of potential conflicts of interest will be made by the Chair, taking into account the information provided by you on this form and any additional information that the Chair may request you to provide in order for an assessment to be made.

1. Do you have, or have you had, a supervisory relationship with the affected individual(s), alleged offender(s), or person(s) interviewed by the Office of Internal Oversight Services (“IOS”) in the present case?

   No: ☐  Yes: ☐  If yes, please provide details below.

2. Do you serve, or have you in the past served, in the same department with the affected individual(s), alleged offender(s), or person(s) interviewed by IOS in the present case?

   No: ☐  Yes: ☐  If yes, please provide details below.

3. Are you related by blood or marriage\(^3\) to the affected individual(s), alleged offender(s), or person(s) interviewed by IOS in the present case?

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\(^3\) For the purposes of this form, “marriage” means a marriage or a domestic partnership legally recognized under...
4. Are you, or have you in the past been, involved in a friendship with the affected individual(s), alleged offender(s), or person(s) interviewed by IOS in the present case?

No: ☐ Yes: ☐ If yes, please provide details below.

5. Are you, or have you in the past been, involved in a conflict or dispute with the affected individual(s), alleged offender(s), or person(s) interviewed by IOS in the present case?

No: ☐ Yes: ☐ If yes, please provide details below.

6. (a) Have you ever received a disciplinary measure or administrative measure following a disciplinary proceeding?

No: ☐ Yes: ☐

(b) Are you currently involved in efforts to informally resolve an allegation of abusive conduct (either as the staff member who considers that he or she has been subject to abusive conduct, or as the person who is alleged to engaged in abusive conduct)?

No: ☐ Yes: ☐

(c) Have you filed a formal complaint of abusive conduct that is ongoing (i.e. no decision has been communicated to you), or are you the subject of such a complaint?

No: ☐ Yes: ☐

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the law of your country of nationality.

4 A “friendship” is an interpersonal relationship which involves mutual care and concern, and is recognized as closer than a professional relationship between colleagues in the workplace. As well as social interaction within the workplace (for example, having lunch or coffee together at the office), a friendship may involve spending time together outside the workplace.

5 A “conflict or dispute” does not include professional or personal differences of opinion, so long as those differences are expressed in appropriate ways.
(d) Have you filed, or are you considering filing, an appeal before the Global Board of Appeal or a complaint before the Administrative Tribunal of the International Labour Organization against a decision taken in respect of an abusive conduct complaint made by you or against you?

No: ☐ Yes: ☐

(e) Have you been contacted by either of the parties to the present abusive conduct allegation, or by any third party (e.g., a possible witness), to discuss the allegation, or to give advice, or similar?

No: ☐ Yes: ☐

If you have answered yes to (a), (b), (c), (d), or (e) please provide details below.

7. Is there anything else that could affect your objectivity or independence in the present case or the perception by others of your objectivity and independence?

No: ☐ Yes: ☐ Possibly: ☐

If yes or possibly, please provide details below.

By signing below I declare that the disclosed information is correct and complete. I recognize that the completion of this Declaration is without prejudice to my obligations under the WHO Staff Regulations and Rules, in particular Article I of the Regulations setting forth the duties, obligations, and privileges of staff members. I undertake to update this Declaration in the event of any material change in the disclosed information.

__________________________  ____________________________
Signature                      Date

__________________________  ____________________________
Name (please print)            Title (please print)
Part II - Undertaking

I have read the policy on Preventing and Addressing Abusive Conduct (the “Policy”) and the Terms of Reference and Method of Work (“TORs”) of the Global Advisory Committee on formal complaints of abusive conduct (the “Committee”).

By signing below:

(i) I agree that I will devote the time and effort required to perform my role on the Committee in this case.

(ii) I agree to abide by the obligations and duties imposed on Committee members in the Policy and TORs, including adhering to the applicable timelines to the best of my ability and including, in particular, respecting the strict confidentiality of: the discussions of the Committee, on both general issues and individual cases; the identity of the affected individual(s), alleged offender(s) and any witnesses; and the information and documentation to which I will have access.

(iii) I understand that the obligations of Committee members survive the conclusion of the member’s participation on a Panel and, more generally, service on the Committee.

(iv) I understand that any failure to abide by the obligations and duties imposed on me as a Committee member may result in disciplinary proceedings or other appropriate action.

________________________________________  __________________________
Signature                                             Date

________________________________________  __________________________
Name (please print)                                    Title (please print)