Putting people at the heart of PSEAH work

A victim- and survivor-centered approach must be central to all work on preventing and responding to sexual exploitation, abuse and harassment. This was the key message of the UN Victims’ Rights Advocate Jane Connors (OVRA) who visited WHO’s new PSEAH team at our Geneva Headquarters on 23 August 2021.

Ms Connors emphasized that having a dedicated person on the ground tasked to see that victims’ rights are prioritized, someone victims trust, and to whom they can turn to seek assistance and advocate on their behalf, makes a real difference. Her office provides a variety of services to victims of SEA, regardless of the status of investigations into complaints and allegations. Field Victims’ Rights Advocates receive safely complaints and refer safely victims to the services they need and support the development of livelihood projects funded by the Trust Fund in Support of Victims of Sexual Exploitation and Abuse.

Several ideas for collaboration between OVRA and WHO’s PSEAH team were identified: better collaboration between focal points from the two entities in high-risk countries; collaboration on joint training including psycho-social first-aid, and leveraging WHO technical experts to support victims and survivors of SEA.
Integrating PSEA in WHO response operations

WHO’s work on PRSEAH requires progress at the global level as well as integrating PRSEAH into ongoing and new health emergency operations.

The workplan of the PRSEAH Task Team includes a section (Outcome 4) that is specifically linked to the Health Emergencies and Operations. This outcome foresees three areas of work:

1. Developing a strategic framework and tools for integrating PSEAH into WHO’s health emergency Operations
2. Operationalizing PRSEAH work in the Incident management system, and
3. Enhancing field capacity for PRSEAH Coordination and expertise.

In August the main progress in this area included:

- The launch of the revision of WHO’s Health Emergency Framework to integrate and clarify roles and responsibilities for PRSEAH;
- The inclusion of a strategic pillar on PRSEAH in the WHO AFRO Sub-Regional Viral Hemorrhagic Fever preparedness and readiness plan; and
- The selection of experts to be deployed to priority responses starting with Tigray, Ethiopia.

WHO takes a risk-based approach to the deployment of PSEAH expertise to be integrated in response operations.

The graphic below indicates the broad risk categories. The ambition is to deploy a P4 PRSEAH Officer to the 10 highest risk countries - those referred as characterized by fragility, conflict and violence (FCV) in the inner circle below.

Approach to building PSEAH capacity according to SEAH risk

**Acronyms**
- FCV – Fragile, Conflict and Violence affected countries
- PHE – Public Health Emergencies

**As needed**
- PSEAH Focalpoints (double hatting of Gender, GBV, SRH public health experts)
- Deploy PSEAH expert/technical officer as part of response – need for pool of experts
- Full time PSEAH Coordinator/expert (starting with 10 priority countries)