

Prevention of and Response to Sexual Misconduct

WHO third Stakeholder Review Conference 2025



“There is no excuse for using financial constraints to stop the work on prevention and response to sexual misconduct.”



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Abbreviations

CAPSEAH	Common Approach to Protection from Sexual Exploitation, Abuse and Harassment
CSO	Civil Society Organization
DRC	Democratic Republic of the Congo
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender-based Violence
GEM	Gender, Rights, Equity & Sexual Misconduct Prevention (WHO)
HCT	Humanitarian Country Team
HLSG	High Level Steering Group
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
JIU	United Nations Joint Inspection Unit
NGO	Nongovernmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Cooperation and Development
OSCSEA	UN Special Coordinator on improving the United Nations response to Sexual Exploitation and Abuse
PAHO	Pan American Health Organization
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse and Harassment
PSEA	Protection from Sexual Exploitation and Abuse
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
RSH	Safeguarding Resource & Support Hub
SEA	Sexual Exploitation and Abuse
SEAH	Sexual Exploitation, Abuse and Harassment
SH	Sexual Harassment
UN	United Nations
UNCT	United Nations Country Team
UN OVRA	United Nations Office of the UN Victims' Rights Advocate
USG	Under-Secretary-General
WHO	World Health Organization
WLO	Women-led Organization

Executive Summary

As the development and humanitarian sectors navigate a period of uncertainty, many essential areas of work, including the prevention of, and response to sexual misconduct (sexual exploitation, sexual abuse and sexual harassment), are at risk of losing the attention they urgently require. When focus, resources and levels of assistance are reduced, the measures to prevent sexual misconduct and the response to incidents are at greater risk.

Held on the 3rd of December 2025 in Geneva, Switzerland, the Conference was themed #StandingTogether4#NoExcuse and built on the recommendations of the previous Review Conferences. The third Stakeholder Review Conference came at a critical moment, to assess consolidation measures for the progress made, and agree on common areas of focus for the immediate future.

Grounded in a clear assessment of where we stand, creative approaches to navigate resource constraints, and a commitment across agencies and all levels of the Organization, the Conference reaffirmed strong leadership and resolve against sexual misconduct, by maintaining PSEAH as a non-negotiable priority, and by continuing to invest in inter-agency PSEAH efforts and the work of PSEAH teams at both HQ and country levels.

Informed by the recommendations of the Joint Inspection Unit (JIU) on preventing and responding to sexual exploitation and abuse; the UN Comprehensive Assessment of PSEA; the 2025 High Level Steering Group's (HLSG) proposed areas for action; and the recommendations of the IASC PSEAH Workshop (September 2025), the Conference drew on the expertise of specialists, UN agencies, Member States, and partners, to bring new perspectives, challenge assumptions, and help shape WHO's next phase of PRS work.

The five interlinked thematic sessions focused on the following critical issues:

1. Strengthening accountability for safeguarding from sexual misconduct in development and humanitarian work.
2. A Harmonized Approach to Victim Support at Country Level: DRC Victim and survivor-centred approach.
3. Evidence and data use in PRSEAH decision making.
4. Strategic shift going forward: progress, challenges, and priorities.
5. Leadership Dialogue: The Real Work of Leadership in PRS.

The day-long discussions emphasized eight cross-cutting priorities that emerged repeatedly across sessions: resource investment, transparency, leadership accountability, survivor-centred systems, evidence generation, culture transformation, collaboration, and structural determinants of risk. The deliberations were strongly anchored in operational realities—from Afghanistan to the Democratic Republic of the Congo—and shaped by direct testimony from survivors and frontline actors.

The conference resulted in a set of shared priority actions for the year ahead, reaffirming that there is no excuse for sexual misconduct, ever.

Key Recommendations

1. Maintain PRSEAH as a non-negotiable, mission-critical institutional priority.
2. Protect and sustainably fund safeguarding systems, especially frontline PSEA coordinator roles.
3. Deepen transparency in communication with victims and survivors.
4. Embed values-driven, courageous leadership across all organizational levels.
5. Scale survivor-centred assistance, including long-term, holistic support.
6. Invest in evidence generation and data use to drive accountability.
7. Drive culture transformation through allyship, upstander training, and structural change.
8. Strengthen inter-agency and cross-sector collaboration, avoiding fragmentation.

Opening Session

Panellists	
Dr Tedros Adhanom Ghebreyesus (recorded)	Director-General, WHO
Dr Razia Pendse	Chef de Cabinet, WHO I
USG Christian Saunders	UN Special Coordinator on improving the United Nations response to Sexual Exploitation and Abuse
Chair	
Ms Alia El-Yassir	Director, Gender, Rights, Equity & Sexual Misconduct Prevention (GEM), WHO

In their opening remarks, the speakers set the strategic and ethical foundation for the day, reaffirming collective commitment to the prevention of and response to sexual misconduct (PRS), framing safeguarding as a non-negotiable priority across all contexts. A key message was that the prevention of and response to sexual misconduct must remain a core, mission-critical function for WHO and the wider UN system. The speakers consistently rejected the notion that resource constraints, or competing priorities could justify weakened safeguarding measures. Instead, they underscored that periods of instability and reduced funding often increase risks for vulnerable populations. PRS was positioned not as an ancillary compliance function, but as integral to organizational credibility, trust, and effectiveness. Maintaining zero tolerance for sexual misconduct was described as essential to safeguarding dignity, upholding human rights, and preserving trust between institutions and the communities they serve.

Highlights of Opening Remarks – Dr Tedros Adhanom Ghebreyesus

In his recorded address, Dr. Tedros Adhanom Ghebreyesus acknowledged that the humanitarian and development sectors are facing a time of uncertainty and financial constraints. Dr. Tedros noted that ‘when attention and resources diminish, the risks to those we serve increase’ and urged the participants to ‘not lose sight of our shared responsibility to prevent and respond to sexual exploitation, abuse, and harassment.’ Dr. Tedros reaffirmed that ‘preventing and responding to sexual misconduct remains a top priority for WHO’ and concluded by saying that ‘our resolve to uphold dignity and safeguard the most vulnerable will not waver.’

Opening Remarks – Dr. Razia Pendse

Dr. Pendse set a resolute tone, drawing attention to the global financial crisis facing development and humanitarian sectors noting that “when resources diminish, measures to prevent and respond to sexual misconduct are among the first to suffer. That is unacceptable.” She emphasized WHO’s transition from a three-year strategy into a consolidation phase, aimed at embedding PRSEAH as a predictable, sustainable institutional function. Her interventions highlighted the non-negotiable nature of PRSEAH: “PRS is not optional. It is business critical for WHO and for the entire UN system.”

Dr. Pendse underscored the need for:

- Guaranteed predictable responses when incidents occur
- Clear accountabilities across agencies, Member States, and partners
- Leadership engagement at all levels

She urged participants to maintain commitment even in difficult contexts: “Standing together, we send a clear message: there is no excuse for sexual misconduct—ever.”

Intervention – USG Christian Saunders

USG Saunders reinforced the urgency of acting decisively in a moment of fragility. “The first step in fighting sexual misconduct is to understand it. And the data shows us we must do more—much more.” He highlighted system-wide concerns including:

- Rising risk in high-vulnerability settings
- Decreases in workforce confidence in leadership’s commitment
- Gaps in victim support, with 40% of victims receiving no assistance
- Widespread underreporting, including settings with “zero cases”—a red flag rather than success

Low, or zero reporting was identified as a significant warning sign, often reflecting fear of retaliation, lack of trust in reporting mechanisms, or suppression of complaints. USG Saunders noted that “zero reports certainly do not mean zero cases. It means reports aren’t surfacing—or they are being suppressed.”

He also acknowledged the evaporation of safeguarding capacity due to budget cuts, in that “we have lost the collective strength of our frontline staff... Not a week goes by without a PSEA coordinator saying their contract will not be renewed.” Sexual misconduct prevention and response is a collective responsibility requiring coordinated action across UN agencies, NGOs, civil society, and member states. Retreat from interagency collaboration due to funding pressures or institutional self-protection was identified as a serious risk that could undermine progress made in recent years.

This also represents a small window of opportunity, and we need to rethink our strategic approach becoming more fit for purpose. Recommendations from the JIU and Comprehensive Assessment reports have given us the way forward:

- Improve and harmonize support to victims and survivors – from normative to practical reality
- Backed by predictable and sustainable funding
- Protection of civilians – embed protection in national systems, which ensures the vital role of government.

USG Saunders concluded with a call to collective action: “This is not the moment to circle the wagons. We need collective action, not retreat.”

Session 1: Strengthening accountability for safeguarding from sexual misconduct in development and humanitarian work

Panellists	
Dr Shenaaz El-Halabi	WHO Country Representative, South Africa
Mr Neville Temekum	PRS Technical Officer at WHO/AFRO
USG Christian Saunders	UN Special Coordinator on improving the UN response to SEA
Dr Edwin Salvador	Head of WHO Country Office, Afghanistan, and team
Chair	
Mr Oliver Stucke	Technical Officer, GEM, WHO

“Safeguarding must be essential to how health systems function—not only in emergencies.”

The session examined accountability as a core pillar of effective prevention of and response to sexual misconduct across WHO, the UN system, partners, and Member States. Discussions highlighted persistent gaps between policy commitments and operational practice, particularly in leadership accountability, victim and survivor support, and consistent action against perpetrators. Positive examples, most notably from the African Region and Afghanistan, demonstrated that strong accountability mechanisms are achievable even in complex and resource-constrained environments. Participants emphasized the need for **mutual, interlocking accountability frameworks** that connect WHO, Member States, partners, and interagency systems, supported by data, transparent reporting, and predictable resourcing.

Key insights

- Strengthening Member State accountability:** Member State accountability was identified as essential for sustainable safeguarding outcomes. The WHO PRS Accountability Framework for Member States, endorsed by the World Health Assembly, provides a structured approach for embedding PRS across national health systems.
 - The African Strategic Conference on PRS (Pretoria) demonstrated strong political commitment, with 42 Member States agreeing to operationalize the framework.
 - Ministries of Health play a central role in ensuring safeguarding is integrated into all health interventions, including routine services and emergencies.
 - Safeguarding must be institutionalized within national health systems and treated as a core governance and service delivery function.
- Leadership accountability and zero tolerance:** Leadership accountability emerged as a decisive factor in translating PRS commitments into action. Participants stressed that tolerance of inaction, or inconsistent responses undermines prevention, reporting, and trust.
 - Leaders are responsible for ensuring safe environments, timely action on reports, and consistent enforcement of zero tolerance.
 - Accountability must apply equally to senior leadership, managers, and frontline staff.
 - Weak leadership responses directly discourage reporting and perpetuate impunity.
 - PRS accountability is a leadership responsibility; failure to act constitutes a failure of duty of care.
- Accountability to victims and survivors:** The discussion highlighted significant shortcomings in accountability to victims and survivors, particularly in access to assistance, justice, and information.
 - A substantial proportion of victims receive no assistance or only minimal, inconsistent support.
 - Survivor-centred approaches remain unevenly applied, particularly in disciplinary and post-investigation processes.
 - Failure to apply victim-centred principles can result in secondary victimization.
 - Accountability includes prevention, assistance, justice, and long-term support, especially for children affected by sexual exploitation and abuse.

- e) Victims and survivors are rights-holders. Accountability systems must prioritize their rights, dignity, safety, participation, and access to remedies.
4. **Accountability of perpetrators:** Participants identified systemic weaknesses in holding perpetrators accountable, including inconsistent disciplinary measures and limited criminal accountability.
- Disciplinary outcomes vary significantly across organizations for similar offenses.
 - Investigations and disciplinary processes are often protracted, undermining justice.
 - Criminal referrals to Member States rarely happen, and when they do, they rarely result in prosecution.
 - Proof of and follow-up on paternity claims remains insufficiently documented, and supported, as part of victim assistance.
 - Serious crimes, including rape, are still misclassified in some organizations, resulting in inadequate sanctions.
 - Consistency, timeliness, and seriousness in perpetrator accountability are essential for deterrence, justice, and institutional credibility.
5. **Country-Level accountability in complex settings – Afghanistan:** The Afghanistan case study demonstrated that strong accountability mechanisms can be established even in highly constrained operational environments.
- PRS was institutionalized as a core function within the WHO country office through a dedicated unit and task force.
 - Clear leadership reinforced zero tolerance across staff, partners, and engagement with authorities.
 - PRS is embedded across partnerships, contracts, recruitment, training, and community engagement, arguing that the prevention of misconduct of health workforce members is a health systems issue.
 - Strong interagency coordination enabled shared standards, SOPs, referral pathways, and data use.
 - Measurable improvements were observed in awareness, reporting confidence, and risk mitigation.
 - Contextual complexity is not a justification for inaction; leadership and collaboration enable accountability even in the most challenging settings.
 - WHO Afghanistan illustrated how leadership, interagency coordination, partner accountability, community engagement, can translate policy into operational reality and strengthen prevention and response at country level.
6. **Cross-cutting observations**
- Accountability must be mutual, transparent, and interlinked across WHO, partners, Member States, and interagency systems.
 - Normative frameworks are well developed; implementation and enforcement remain the primary gaps.
 - Financial constraints heighten, rather than reduce, the importance of accountability.
 - Data and evidence are essential for targeting prevention, monitoring progress, and reinforcing accountability.

Strategic priorities identified by the panellists

- Establish and adopt Member State accountability frameworks (policy, training, incident management).
- Create a disciplinary matrix to ensure consistent sanctions across the system.
- Harmonize investigative processes, enforce process timeliness, and strengthen trauma-informed, timely case handling.
- Secure predictable funding for safeguarding roles and surge capacity.
- Embed PRS as a core function within WHO country offices and partner coordination structures.

“Zero reports do not mean zero cases; they often mean reporting has been suppressed.”

Session 2: A Harmonized Approach to Victim Support at Country Level – DRC

Panellists	
Keynote Speaker: Ms Meda Mpiana	Community Health Specialist / Survivor Advocate, DRC
Ms Louange Katehero	Psychologist, Heal Africa, DRC
Ms Francesca Paola Crabu	Senior Inter-Agency PSEA Advisor, DRC (on behalf of SRSG/HC/RC)
Dr Islande Cadet	PRS Coordinator, WHO/DRC
ASG Najla Nassif Palma	UN Victims' Rights Advocate, UN OVRA
Moderator	
Ms Caroline Ouaffo Wafang	Victim Survivor Support Officer (VSSO), WHO

“A single act of sexual misconduct not only destroys the victim's life, it shakes families, communities, and the future of an entire society. And since there is no cure for this, we develop resilience.”

The session aimed to strengthen a shared understanding of victim assistance at the country level. Building on the experience of the Democratic Republic of Congo (DRC), the meeting focused on clarifying the respective roles and responsibilities of key stakeholders, including UN entities, State authorities, and civil society organizations. Discussions addressed expectations on coordination, accountability and funding, and identified emerging practices and core elements required to strengthen national victim assistance frameworks. A central theme was the need to move beyond paternalistic approaches and to promote the empowerment of victims and survivors, as rights-holders, and active agents in their recovery. This was reinforced by the testimony of a survivor, which highlighted the long-term and intersecting physical, psychological, social, and economic harm caused by sexual misconduct, often extending throughout the survivor's lifetime. Participants noted that stigma, shame, fear of retaliation, and community ostracization continue to impede disclosure, access to assistance, and the restoration of dignity. Participants also highlighted the limited availability of long-term measures, including legal assistance, livelihood support, and structural rehabilitation programs. Where such measures exist, access remains uneven. Children born of sexual exploitation and abuse (SEA) face additional barriers, particularly in accessing education, notably, in low-income households and marginalized communities.

Key insights, emerging practices and enablers for country-level victim assistance

1. **Data on sexual exploitation and abuse:** Data from the UN iReport confirms the sex and age-specific nature of sexual exploitation and abuse (SEA).
 - a) In 2024, approximately 88% of victims and survivors were women and girls, with children consistently and disproportionately affected. More than one quarter of victims were under the age of 18, and one in three victims was a girl.
 - b) In 2024, nearly 40% of identified victims of SEA did not receive any form of assistance. Key barriers include limited-service availability, geographic and financial constraints, weak referral pathways, and the absence of systematic mechanisms to link victims and survivors with existing support services.
 - c) Strengthened and harmonized data collection, particularly for tracking victim assistance, was identified as a key enabler of more targeted and effective responses.
2. **Leadership and national ownership:** Strong leadership and national ownership have been central to advancing victim assistance in the DRC.
 - a) The DRC has demonstrated global leadership by the development (and validation in the coming months) of a national PSEAH strategy that aligns government authorities, UN agencies and NGOs around shared commitments and ensures coordinated assistance for victims and survivors.

- b) Sustained government engagement, including partnerships with NGOs, universities, and line ministries, has been instrumental.
 - c) Collaboration between the UN and the Ministry of Health has facilitated the integration of PSEAH into government deployment procedures, such as mandatory PSEAH briefings, the signing of Codes of Conduct prior to health emergency deployments, and the inclusion of PSEA in the first pillar of the national response plan to any public health emergency (Mpox, Ebola etc). In the Ebola virus disease outbreak in Kasai, in September 2025, governmental officials, UN, and national organizations jointly worked to integrate PSEAH in the national response plan. After action reviews show that around 90 % of the planned PSEA activities were completed.
 - d) Capacity-building of public service providers across the health, justice, and social services sectors has further strengthened survivor assistance.
 - e) In 2025, the UNCT agreed to establish a pooled fund to finance a Senior Inter-agency PSEA Advisor position, thereby reinforcing technical leadership, coordination, and the sustainability of PSEA efforts at the national level.
3. **Partnerships and coordination:** PSEAH remains a core priority of both the UN Country Team (UNCT) and Humanitarian Country Team (HCT) and is embedded in the UN Cooperation Framework 2025–2029.
- a) 2026 inter-agency PSEAH work plan maps organizational commitments by region, strengthening coordination at the field level.
 - b) PSEAH is also systematically integrated into sectoral funding proposals, ensuring victim assistance is reflected in humanitarian and development programming.
 - c) Collaboration of UN PSEA Interagency Coordination, MONUSCO, GBV, Child Protection AoR, and women-led organizations has strengthened referral pathways for survivors.
 - d) Women-led organizations have been particularly effective in survivor identification and outreach, while targeted initiatives for children born of SEA have facilitated access to education and birth registration in collaboration with justice authorities.
 - e) Government entities, UN agencies, and civil society organizations (CSOs) play complementary roles. These partnerships underscore the added value of locally rooted actors in providing culturally appropriate and sustainable assistance.
4. **Survivor-centred accountability and long-term assistance:** Victim assistance in the DRC combines immediate support with medium- and long-term interventions, including education, livelihood assistance, vocational training, tailored financial support, and economic empowerment initiatives.
- a) WHO and its partners' interventions, have included support for education fees, birth registration for children born of SEA, vocational training, livelihood and business development, and financial assistance for adults.
 - b) Community engagement has contributed to reducing stigma, supporting social reintegration, and improving access to services.
 - c) Providing survivors with regular and transparent information on assistance, investigations, and follow-up actions has emerged as an important trust-building measure.
 - d) Collective and peer psychological support mechanisms, including group therapy and survivor networks, complemented individual care by helping to manage expectations and reinforce survivors' dignity.
 - e) The investigators' pool, by the PSEA interagency coordination mechanism, at the Ministry of Health, plays a critical role in conducting investigations, for cases occurring within public health facilities.
 - f) Health facilities have expanded medical and psychosocial support services as close as possible to survivors' locations.
 - g) A PSEA inter-agency pooled roster of trained investigators is established to address capacity gaps in incident management and investigations.
5. **Sustainable and flexible funding:** The DRC PSEA Network adopted innovative financing approaches, including allocations from the Humanitarian Fund to support inter-agency PSEA coordination, and maintain the Inter-agency PSEA Accountability to Affected Populations Hotline.
- a) WHO, IOM and MINUSCA, are among the few United Nations entities to have a dedicated funding system for victim assistance.
 - b) The WHO Survivor Assistance Fund has supported partnerships with specialized local organizations and facilitated personalized assistance that empowers survivors and provides a replicable model.

Strategic priorities identified by panellists

The following actions were proposed for Member States, the United Nations, and inter-agency mechanisms

- Strengthen financing systems with dedicated, predictable, and sustainable financing for victim and survivor assistance, in organizational core budgets, relevant ministerial budgets, and dedicated victim assistance funds.
 - Donors and UN entities should increase the use of flexible and pooled funding mechanisms to support victim assistance at the country level.
 - Direct cash assistance and small grants should be expanded, where appropriate, as part of survivor-centred assistance packages.
- Deliver survivor-centred and transformative assistance, including tailored packaged that address immediate needs while enabling access to longer-term support, including for children, paternity claims, education, livelihoods, legal assistance, and economic empowerment.
- Establish structured and safe mechanisms to gather input from victims and survivors on how they wish their roles to evolve over time.
- Standardize survivor communication on investigation progress and outcomes.
- Strengthen government-led national strategies and inter-agency coordination that clearly define roles, responsibilities, and coordination mechanisms for victim assistance.
- Improve data tracking on assistance quality, duration, and survivor satisfaction.
- Reinforce partnership and strengthen coordination, with women-led and community-based organizations.
- Sustained engagement with government authorities should remain central to country-level strategies, including support for access to justice, legal remedies, and child-related paternity claims.
 - Organize workshops with justice system officials on the topic of PSEA, with a view to gathering information on the legal handling of PSEAH cases in the courts. If necessary, and based on their recommendations, strengthen the government's legal system with a view to amending or drafting legislation related to PSEA.
- All interventions, such as community-based prevention, sensitization, and rehabilitation initiatives should continue to be designed and informed by survivor feedback and local context.

“Key elements for effective country-level assistance include specialized capacity, consistent communication with victims, strong inter-agency coordination and collaboration, predictable funding, robust referral pathways, and strong engagement with government.”

Session 3: Evidence and data use in PRSEAH decision making

Panellists	
Ms Eileen Cronin	Inspector, Joint Inspection Unit (JIU) of the United Nations system
Prof Jane Noyes	Methodologist, Bangor University, Wales
Ms Anna Gawn	Head of Safeguarding Portfolio, Safeguarding Resource & Support Hub (RSH)
Prof Nour Abu-Asab	Co-founder, Centre for Transnational Development and Collaboration (CTDC)
Ms Alethia Jimenez	Senior Advisor on PRSEAH, PAHO
Chair	
Ms Anju Pandey	PRS Regional Coordinator SEARO, WHO

“When data is translated without attention to language, power, and context, entire dimensions of harm disappear.”

The session focused on how evidence and data are generated, interpreted, and used to inform policy, programming, accountability, and resource allocation in the prevention of and response to sexual exploitation, abuse, and harassment (SEAH). The discussion emphasized that evidence is not only a technical input, but a core driver of accountability, trust, and impact. Participants examined global and field-level evidence, identified persistent gaps, and explored how data systems, qualitative insights, and survivor-centred approaches can be better aligned to decision-making at organizational, interagency, and member state levels. The participants emphasized that improving evidence use requires not only better data, but also better leadership, interpretation, and investment in survivor-centred, locally grounded knowledge systems, and specifically highlighted collaboration with civil society organisations, women-led and women’s rights organisations (as well as others).

Key insights

1. **Persistent evidence gaps:** Despite increased data collection, significant evidence gaps remain, particularly for marginalized groups, local contexts, and diverse legal and political environments. Confidentiality concerns, fear of retaliation, and reputational risk continue to limit access to and use of data.
 - a) Evidence on SEAH is uneven and often inaccessible due to protection concerns and institutional risk aversion.
 - b) Only a few robust impact evaluations exist globally, insufficient to guide large-scale prevention.
 - c) Marginalized populations (including children, persons with disabilities, and displaced communities) remain under-represented in available datasets.
 - d) Weak coordination across agencies limits the policy impact of existing evidence.
 - e) Zero or low reporting contexts are often misinterpreted as low risk rather than indicators of suppressed reporting.
2. **From data collection to data interpretation:** The participants stressed that the challenge is not only evidence scarcity, but also the lack of robust interpretive practices. Evidence must be read through structural, linguistic, relational, and political lenses to become actionable.
 - a) Incident-focused, quantitative models alone fail to capture lived experience, power dynamics, and structural drivers of harm.
 - b) Language and translation issues can flatten or misclassify harm, undermining accountability.
 - c) Compliance-driven cultures weaken meaningful safeguarding outcomes.
 - d) Community knowledge and survivor narratives provide critical analytical depth when treated as rigorous evidence rather than anecdotal inputs.

3. **The power of survivor-centred and lived-experience evidence:** Evidence is most influential when survivor testimonies and real-life stories are supported by quantitative data and used to inform policy, funding, and accountability decisions.
 - a) Survivor-centred evidence increases relevance, legitimacy, and policy uptake.
 - b) Emotional, relational, and contextual dimensions of harm are often absent from formal reporting systems.
 - c) Ethical, survivor-centred methodologies must guide both evidence generation and use.
 - d) Evidence must incorporate community-level interpretation, not just top-down analysis.
4. **Evidence as a driver of policy and government engagement:** Governments are more responsive to evidence that is policy-relevant, co-developed with credible partners, and embedded within national or endorsed data platforms.
 - a) Collaboration with academic institutions and trusted partners strengthens the credibility of evidence.
 - b) Centralized or government-endorsed data platforms help integrate evidence into policy processes.
 - c) Government champions play a key role in translating evidence into action.
5. **Evidence and data use in PSEAH:** Understanding risk perception and assessment combined with prevalence data has been a key component of advocacy and awareness.
 - a) UN Annual SEA survey data provides an excellent source to understand reporting trends and gaps.
 - b) Looking at red flags coming from the surveys combined with risk assessments provides an important entry point for discussion with countries about prevention mechanisms and existing gaps.
 - c) Data helps shape perception of risk.

Strategic priorities identified by panellists

- Close policy and data gaps build coherent, cross-agency misconduct frameworks.
- Agree on core outcome sets so evaluations conducted in different settings can be compared
- Co-produce global research priorities and learning agendas
- Create structured or pooled funding for evidence generation and survivor support.
- Use risk-perception tools alongside incident data to detect hidden risks.
- Call for evidence to reflect lived realities, national language nuance, emotional and relational factors, and local understandings of harm. Integrate structural and linguistic analysis to ground evidence in context.

“Evidence without interpretation is incomplete; communities tell us what harm looks like.”

Session 4: Strategic shift going forward: progress, challenges, and priorities

Panellists	
Mr Peter Taylor	Deputy Director and Head of Safeguarding Unit, UK FCDO
Dr Ahmed Jamal	Director Polio Eradication, WHO
Dr Jamie Munn	Executive Director, International Council of Voluntary Agencies (ICVA)
Ms Lian Yi Yong	IASC PSEAH Coordinator, Ethiopia
Dr Marta Agosti	PRS Regional Coordinator, EMRO, WHO
Chair	
Dr Mohamed Esam Mahmoud	GEM, WHO

“Safeguarding must be part of the DNA of organizational change.”

The session focused on the **strategic shifts required to sustain, strengthen, and future-proof prevention of and response to sexual misconduct** across the UN system, NGOs, and Member States. The panellists examined how current progress is threatened by fragmentation, resource constraints, and entrenched power dynamics, and how these pressures can instead be leveraged to drive system-level reform. The discussion emphasized that the next phase of the prevention of and response to sexual misconduct must move beyond frameworks and commitments, toward **culture change, shared accountability, localization, and collective action**, with leadership demonstrated through consistent, values-driven practice. The session underscored that in a context of shrinking resources and rising risk, safeguarding must move toward ethical leadership, **shared accountability, localization, and collective action**.

Key insights

- From fragmentation to common approaches:** The proliferation of safeguarding systems undermines effectiveness and trust. A strategic shift is required toward shared accountability frameworks and common standards, particularly at country level.
 - Fragmented reporting and feedback mechanisms confuse communities and reduce access to safe reporting.
 - Reduced funding makes duplication increasingly unsustainable.
 - Common frameworks such as CAPSEAH provide a practical basis for alignment across agencies, NGOs, and governments.
 - Shared accountability strengthens leadership credibility and enables mutual scrutiny.
 - Scale up adoption and use of CAPSEAH as a common reference point and shared framework to align UN, NGO, and member state accountability.
 - Organizational restructures present a major opportunity to embed prevention of and response to sexual misconduct into core systems where that is not already the case, and must be protected where it is.
 - Capacity-building must shift to practical, scenario-based leadership training.
- From policy compliance to value-driven and ethical leadership:** Safeguarding systems do not function unless they are underpinned by consistent, values-driven leadership that applies across all aspects of organizational conduct.
 - Policies and procedures alone do not change behaviour.
 - Inconsistent leadership standards create environments where power is abused.
 - Hold leaders accountable for conduct that undermines trust or equity, and reinforce consistency across hierarchies, roles, and functions.
 - Ethical leadership must be applied universally, not selectively and embed PRS within broader ethical and values-based leadership frameworks.

3. **Localization and community trust:** Effective prevention of, and response to sexual misconduct depends on local trust and community-preferred reporting mechanisms, yet institutional resistance often hinders localization.
 - a) Communities prefer anonymous, third-party, trusted reporting channels.
 - b) Local systems often outperform newly created, agency-specific mechanisms.
 - c) Headquarters-level resistance can undermine country-level innovation.
 - d) Localization is essential for sustainability and legitimacy. Prioritize community-trusted systems over institutionally owned ones, and enable country-level decision-making on safeguarding partnerships.
 - e) Align prevention of and response to sexual misconduct with national reform processes and government accountability systems
4. **Collective and system-wide ownership:** Safeguarding cannot rely on individual champions alone; it requires collective ownership and coalition-based leadership across institutions and sectors.
 - a) Prevention of and response to sexual misconduct leadership must reflect the diversity of actors involved in delivery.
 - b) Prevention cannot scale without donor accountability and consistent funding.
 - c) Emergency settings require tailored, context-driven safeguarding models.
 - d) Elevate locally led organizations within global safeguarding leadership. NGO and civil society networks play a critical role in system reform.

Strategic priorities identified by panellists

- Embed PRSEAH into organizational restructures and enterprise risk frameworks.
- Develop and enforce donor accountability standards tied to safeguarding performance.
- Localize prevention using context-specific risk assessment tools.
- Scale realistic, scenario-based leadership development modules.
- Adopt and operationalize shared safeguarding frameworks (notably CAPSEAH) across institutions
- Strengthen accountability mechanisms to ensure consistent consequences for misconduct.
- Localize PRSEAH systems by prioritizing community-trusted reporting and national reform processes.

“This is the time to break down barriers, work together, and stop feeling alone in this work.”

Session 5: Leadership Dialogue – The real work of Leadership in PRS

Panellists	
Ms Alia El-Yassir	Director GEM, WHO
USG Christian Saunders	UN Special Coordinator for SEA, UN/OSCSEA
Ms Wendy Cue	Senior Coordinator, PSEA, IASC/OCHA
Ms Tanya Wood	Executive Director, CHS Alliance
Ms Lisa Williams	Senior Policy Analyst and Team Lead (Gender Equality) OECD/ DCD
Chair	
Ms Kate Eversteyn	Regional Unit Head, Safeguarding & Staff Health and Wellbeing Unit, EURO, WHO

“Leaders who ignore sexual misconduct should not remain leaders.”

The session brought together senior leaders from across humanitarian and development fields for an open, warm, and candid conversation on what leadership in the prevention of, and response to sexual misconduct must look like in an era of financial constraint, heightened risk, and declining tolerance for inaction. Rather than a technical or formal panel, the dialogue shifted the focus from frameworks and technical solutions to the behaviours, values, and decisions required of leaders to make PRSEAH effective in practice. The discussion emphasized that PRSEAH is not sustained by policies alone, but by consistent, values-driven leadership that addresses power, trust, and accountability across the system. The session underscored that the real work of leadership in the prevention of and response to sexual misconduct is uncomfortable, visible, and value driven. It demands courage to confront power, consistency to build trust, and transparency to sustain accountability. The dialogue made clear that PRSEAH will only succeed where leaders embody the change they demand of others. One unifying message echoed across the panel: leadership is not what is said in strategy documents, but what is done consistently, when it matters most.

Key insights

- Leadership is about culture and values and not just systems:** While policies, accountability frameworks, and protocols are necessary, they are insufficient without leaders who model ethical behaviour consistently and reinforce values through daily actions.
 - Leaders send powerful signals through what they tolerate, excuse, or ignore.
 - Inconsistent standards between senior leadership and staff erode trust and normalize abuse of power.
 - Leadership must be actionable, measurable, and visible at all levels.
 - Safeguarding cannot be compartmentalized; it must be embedded within a broader ethical leadership framework.
- Leadership means not walking past harm:** Effective PRSEAH leadership is demonstrated in everyday interventions, not just formal statements. Leaders must actively challenge inappropriate behaviour, even when it is uncomfortable or inconvenient.
 - “Walking past” problematic behaviour signals tolerance and weakens safeguards.
 - Consistent intervention reinforces credibility and organizational norms.
 - Leadership credibility is built through repeated, visible action. Leadership must be actionable, measurable, and visible at all levels.
- Transparency is central to accountability:** Accountability cannot exist without transparency. Leaders must confront discomfort around openness, even when reputational risk feels high.
 - Lack of transparency undermines trust in reporting mechanisms.
 - Staff and communities disengage when outcomes are invisible or unclear.
 - Transparency must include clarity on expectations, consequences, and follow-up.

4. **Leadership requires confronting power and gender dynamics:** Leadership must acknowledge and address gendered and hierarchical dynamics that enable abuse and marginalize safeguarding work.
 - a) The prevention of and response to sexual misconduct is often sidelined as a “secondary” or “soft” issue.
 - b) Gender-responsive leadership reduces SEA risk and improves a culture of accountability. Leadership should address structural inequalities that enable abuse and marginalize safeguarding leadership.
 - c) Over-association with underfunded agendas (e.g. GBV without resourcing) weakens impact.
 - d) Leaders must frame the prevention of and response to sexual misconduct as central to operational effectiveness, access, and trust.
5. **Leadership credibility is undermined when belief does not match rhetoric:** A recurring concern was the gap between what leaders say and what they demonstrably believe through action and prioritization.
 - a) Survivors and staff quickly perceive when commitment is performative.
 - b) Senior leaders’ reluctance to act decisively perpetuates harm.
 - c) Leadership buy-in must be emotional and ethical, not just procedural.
 - d) Creating speak-up cultures requires strong anti-retaliation guarantees
6. **PRSEAH leadership requires courage during constraint:** Financial pressure cannot justify retreat from safeguarding. On the contrary, constraint heightens risk and increases the leadership burden.
 - a) Safeguarding is often the first area cut during austerity.
 - b) Resource scarcity increases vulnerability, particularly for women and children.
 - c) Leadership is tested most sharply when conditions are hardest.

Strategic priorities identified by panellists

- Integrate PRS KPIs into leadership performance evaluations.
- Increase women’s representation across leadership pipelines.
- Align system standards, data systems, and prevention frameworks.
- Strengthen anti-retaliation mechanisms and staff protection.

“There is no accountability without transparency. Without transparency, everything else erodes – no matter how good the policies are.”

Session 6: Next Steps and Agreed Actions

Session Chair

Ms Alia El-Yassir

Director GEM, WHO

Participants endorsed the following takeaways to inform priority actions:

1. **Resources Matter:** Participants across all sessions identified resource scarcity as the most immediate and existential threat to sustaining PRSEAH systems. USG Saunders warned that global humanitarian austerity has “exposed years of fragile, ad-hoc resourcing,” leading to:
 - a) Loss of frontline safeguarding functions in high-risk settings.
 - b) Women-led CSOs, responsible for most survivor support, face closure with nearly half expecting to shut down within six months.
 - c) PSEA coordinators in humanitarian hubs being asked to “fundraise for their own posts.”
 - d) Country examples, particularly Afghanistan, demonstrated what can be achieved when resources are protected: institutionalized PSEA structures, hundreds of focal points, integrated PSEA mechanisms in health services, and large-scale community risk-awareness campaigns.

Key message: Funding cuts directly translate into increased risk, diminished reporting, and reduced survivor support. Without sustainable, predictable resourcing, PRSEAH systems collapse rapidly.

2. **Transparency and communication must deepen:** The Conference emphasized that transparency is essential for trust, accountability, and survivor-centred practice. Evidence from UN surveys shows:
 - a) Over 20% of the UN survey participants believe no meaningful action is taken on their reports.
 - b) Victims often receive no updates or must retell their experiences multiple times to different entities.
 - c) Inconsistent internal and external communication continues to erode trust.
 - d) Participants called for:
 - Real-time updates to victims.
 - Consistent system-wide communication standards.
 - Greater visibility on disciplinary outcomes.
 - Streamlined, trauma-informed communication protocols.

The survivor testimony underscored the emotional damage caused by fragmented communication. One survivor from DRC described each retelling as “reopening a wound,” highlighting the need for coherent, minimally intrusive processes.

3. **Leadership Remains Pivotal:** Leadership was repeatedly identified as the primary driver, or barrier, to progress. USG Saunders stated unequivocally that leaders who fail to act “should not remain in leadership roles.” Persistent challenges include:
 - a) Inconsistent or delayed action on misconduct.
 - b) Tolerance of harmful behaviours in high-risk environments.
 - c) Limited managerial capacity to identify or address microaggressions and early-warning signs.

Examples of effective leadership, especially from the WHO Country Office in Afghanistan, demonstrated how committed leaders can institutionalize PRSEAH, engage ministries, embed PSEA in operations, and mobilize partners.

Key expectation: Senior leaders must demonstrate moral courage, model zero-tolerance behaviour, and protect staff and communities from retaliation.

4. **Victims and survivors must guide us:** The Conference elevated the insights of survivors as essential for shaping effective systems. Survivors from DRC and local women's organizations described:
- a) Lifelong consequences of abuse, including social stigma, economic loss, and psychological trauma.
 - b) Barriers to reporting, including fear of retaliation, community stigmatization, and lack of confidentiality.
 - c) The need for long-term, holistic, culturally appropriate support.
 - d) Participants emphasized:
 - Survivor input in designing services and reporting mechanisms.
 - Participatory approaches to reintegration and socio-economic support.
 - Expansion of survivor networks and peer-support groups.
 - Predictable, flexible and sustainable pooled funding for coordination and victim assistance at the country level.

The UN Victims' Rights Advocate called for harmonized, system-wide approaches, including better data collection and assistance tracking, institutional accountability, and long-term support, including for children born of SEA.

5. **We need stronger evidence and better data:** Evidence gaps remain profound. The presenters highlighted:
- a) Only a few robust impact evaluations exist globally, on what works to prevent SEA/SH.
 - b) Limited data on perpetrator behaviour, retaliation dynamics, or microaggressions.
 - c) Inconsistent data systems across agencies, and incomplete public reporting of allegations.
 - d) Gaps in evidence on children born of SEA, online-facilitated misconduct, and services available in humanitarian contexts.
 - e) Examples from PAHO, Afghanistan and DRC showcased emerging best practices in:
 - I. Country-level risk assessment tools.
 - II. Integrated inter-agency data platforms.
 - III. Community-based reporting systems.
 - IV. Survivor-centred monitoring.

Participants called for a global, multi-sectoral research prioritisation exercise to clarify research gaps and the need for a learning agenda, with standardized indicators, and dedicated investment in evidence generation.

6. **Culture change is non-negotiable:** Speakers underscored that SEA and SH are symptoms of deeper organizational culture issues, including:
- a) Patriarchal norms, misogyny and gender inequalities.
 - b) Toxic masculinity and permissive workplace environments.
 - c) Racialized and hierarchical power imbalances.
 - d) Weak accountability and fear of retaliation.

Culture change requires:

- Upstander and allyship training.
- Values-based leadership and recruitment.
- Greater representation of women in leadership and frontline response roles.
- Integration of gender-responsive leadership principles.
- Safe-to-speak cultures and non-retaliation guarantees.

7. **Collaboration is essential:** Collaboration emerged as one of the strongest predictors of progress. The Conference highlighted:
- a) The success of Afghanistan's inter-agency network with 522 organizations working under a unified strategy.
 - b) The need for improved UN-NGO-government coordination in emergencies.
 - c) Partnerships with women-led organizations, enabled by predictable funding.

- d) Integrated, harmonized PSEA workplans and shared SOPs.
- e) The need to use aligned frameworks e.g. CAPSEAH across institutions.

Participants stressed that fragmentation undermines progress; collaboration multiplies it.

8. **Structural realities matter:** SEA risk is shaped by structural and geopolitical forces, including:
- a) Conflict, displacement, occupation, and restricted civic space.
 - b) Weak or absent national justice systems.
 - c) Humanitarian system downsizing and shifting donor priorities.
 - d) Legal precarity, including weak child-protection laws and limited capacity to prosecute offenders.

Examples from DRC illustrated the transformation possible when governments engage: the national PSEA strategy, multisectoral coordination, and mapping of services. Participants emphasized that structural issues, poverty, impunity, and gender inequality, must be addressed alongside operational reforms.

“We need alignment — across donors, agencies and sectors.”

Conclusion

The Conference reinforced a collective understanding in that PRSEAH cannot succeed without sustained leadership, financing, survivor-centred practice, evidence-driven action, and meaningful collaboration across the UN system, Member States, and civil society. The discussions affirmed a renewed commitment to zero tolerance, collective responsibility, and systemic reform.