

# Zero Tolerance in Practice

WHO Strategy to Prevent and  
Respond to Sexual Misconduct  
2026–2029



World Health  
Organization





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# List of abbreviations

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ERM	Enterprise Risk Management
IARC	International Agency for Research and Cancer
IASC	Inter-Agency Standing Committee
ICC	United Nations International Computing Centre
IOS	WHO's Office of Internal Oversight Services
OSCSEA	Office of the Special Coordinator on improving UN response to sexual exploitation and abuse
OVRA	Office of the Victims' Rights Advocate (UN)
PRSEAH	Prevention and response to sexual exploitation, abuse, and harassment (used by WHO)
PRS	Prevention of and Response to Sexual Misconduct (used by WHO)
PSEA	Protection from sexual exploitation and abuse (used by the UN)
SEAH	Sexual exploitation, abuse, and harassment
SOPs	Standard Operating Procedures
UN	United Nations
UNITAID	A global health initiative hosted by WHO
WHE	World Health Organization's Health Emergencies Programme
WHO	World Health Organization

# Foreword

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Sexual misconduct—encompassing sexual exploitation, abuse, and harassment—undermines trust, violates human dignity, and threatens the credibility and effectiveness of global health action. It is incompatible with the values of the World Health Organization (WHO) and with our responsibility to the people we serve, the communities we work with, and the workforce that delivers on our mandate.

Over the past years, WHO has undertaken significant reforms to prevent and respond to sexual misconduct. Guided by lessons from the Independent Commission, the Management Response Plan, the Three-year Strategy (2023–2025), and multiple external reviews, the Organization has strengthened its policy framework, accountability mechanisms, and survivor assistance systems. These efforts have demonstrated that progress is possible when leadership is engaged, standards are clear, and action is sustained.

Zero Tolerance in Practice: WHO’s Strategy to Prevent and Respond to Sexual Misconduct 2026–2029 (Strategy) builds on this foundation. It reflects a deliberate shift from policy commitments to operational reality—anchored in zero tolerance for inaction, protection against retaliation, and a victim- and survivor-centred, rights-based approach across all contexts in which WHO operates.

This Strategy recognizes sexual misconduct as a critical organizational and sectoral risk that must be addressed through prevention, accountability, and culture change—at headquarters, regional, and country levels alike. It affirms that accountability is a core leadership responsibility; that prevention depends on understanding and mitigating risk in diverse operational environments; and that trust is built through timely, transparent, and fair action when concerns are raised.

Crucially, the Strategy acknowledges that progress remains fragile. Organizational change, resource constraints, emergencies, and evolving operational modalities continue to test systems and require constant vigilance. Sustaining and deepening impact therefore demands clear priorities, measurable results, and shared ownership—within WHO and in partnership with Member States, implementing partners, and the wider United Nations system.

This document sets out six interdependent strategic pillars to guide the Organization’s work through 2029. It is complemented by implementation plans with defined responsibilities and key performance indicators, enabling tracking of progress and corrective action where needed. Through regular reporting and engagement with governing bodies, WHO commits to transparency and continuous learning.

Preventing and responding to sexual misconduct is not the responsibility of one office, one function, or one level of the Organization. It is a collective obligation—rooted in leadership, sustained by systems, and realized through daily decisions and behaviours. By translating commitments into action, and by placing dignity, safety, and accountability at the centre of our work, WHO reaffirms its determination to lead by example in the global health sector.

Together, we commit to ensuring that zero tolerance is not a principle on paper, but a lived reality in practice.

*Ms Alia El-Yassir, Director, WHO Department for Gender, Rights, Equity and Sexual Misconduct Prevention*

*Mr Andreas Horst Mlitzke, Director, WHO Department for Ethics, Risk Management and Due Diligence and Non-State Actors*

*Mr Patrick Nicollier, Director, WHO Department of Human Resources and Talent Management*

*Ms Malika Parent-Ait-Mohamed, Director a.i., Office of Internal Oversight Services*

*Mr Derek Walton, Legal Counsel, WHO Office of the Legal Counsel*

# Scope and definition

In line with the WHO Policy on Preventing and Addressing Sexual Misconduct<sup>1</sup>, this Strategy applies to the three levels of the World Health Organization, in addition to IARC, ICC and UNITAID and it refers to all forms of prohibited sexual behaviour, termed “sexual misconduct”, which encompasses sexual exploitation, sexual abuse, and sexual harassment, aligned with United Nations system standards<sup>2</sup>. WHO has adopted an integrated approach to the prevention of and response to sexual misconduct, recognizing that these forms of wrongdoing are driven by power imbalances and inequality and require coherent, end-to-end action across all operational contexts.

WHO’s commitment to zero tolerance refers to zero tolerance for acts of sexual misconduct, zero tolerance for inaction to prevent, report, or respond to such acts, and zero tolerance for retaliation against victims/survivors or those who report concerns.

## Introduction

The *Zero Tolerance in Practice: WHO’s Strategy to Prevent and Respond to Sexual Misconduct 2026–2029* marks the next stage in WHO’s institutional evolution, consolidating the significant achievements and lessons learned from recent years. Multiple external<sup>3456</sup>, internal reviews, and WHO’s governing bodies have confirmed substantial progress under the 2023–2025 Three-year Strategy and validated WHO’s overarching approach. Despite significant disruptions of programmatic activities across WHO related to restructuring during 2025, nearly 80% of planned actions were successfully implemented<sup>7</sup>.

Achievements include: the adoption of a comprehensive, organization-wide approach to sexual misconduct—validated by the UN Joint Inspection Unit review<sup>8</sup>; the rollout of an updated policy framework and mandatory training; the establishment of clear accountabilities for the WHO workforce<sup>9</sup>, implementing partners, and vendors, supported by measurable indicators; the set-up in 2021 of the WHO Survivor Assistance Fund, aligning with the requirements of the United Nations Protocol on the Provision of Assistance to Victims of Sexual

<sup>1</sup> [WHO Policy on Preventing and Addressing Sexual Misconduct](#)

<sup>2</sup> For definitions, please see the [WHO Policy on Preventing and Addressing Sexual Misconduct](#)

<sup>3</sup> United Nations Joint Inspection Unit, Review of policies and practices to prevent and respond to sexual exploitation and abuse in the United Nations system organizations, 2025

<sup>4</sup> Multilateral Organisation Performance Assessment Network (MOPAN), (2024), MOPAN Assessment Report: World Health Organization (WHO), Paris

<sup>5</sup> Independent, Comprehensive Stocktaking Exercise to assess WHO's Institutionalization of the Prevention of and Response to Sexual Misconduct, TDV Global inc., commissioned by the WHO Independent Expert Oversight Advisory Committee, 2025

<sup>6</sup> Independent Evaluation: Integrating and Mainstreaming Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) in WHO Health Emergency Operations, World Health Organization, 2025 (forthcoming)

<sup>7</sup> [who-dgo-prs-2023.3-eng.pdf](#); [Monitoring and evaluation framework: year-2 implementation plan](#); [Monitoring and evaluation framework: year-3 implementation plan](#)

<sup>8</sup> United Nations Joint Inspection Unit, Review of policies and practices to prevent and respond to sexual exploitation and abuse in the United Nations system organizations, 2025

<sup>9</sup> [Preventing and responding to sexual misconduct: WHO’s three-year strategy 2023–2025: accountability framework](#)

Exploitation and Abuse,<sup>10</sup> along with a dedicated Victim and Survivor Support function; the institutionalization of systematic sexual misconduct risk assessment and risk mitigation measures integrated into planning and budgeting; the operationalization of a global network of PRSEAH focal points fostering cross-mitigation measures integrated into planning and budgeting; cross-regional learning; the development of a Prevention and response to sexual misconduct accountability framework for joint WHO–Government operations<sup>11</sup>; and strengthened engagement in UN and inter-agency initiatives and working groups.

These gains have been driven by WHO’s shift toward risk-based and victim/survivor-centred approaches, introduced through the WHO Management Response Plan<sup>12</sup> to the 2021 Independent Commission report<sup>13</sup>. External reviews and stocktaking exercises highlight increased workforce awareness and commitment, improved confidence in systems, stronger leadership accountability, and greater transparency.

While progress is notable, it remains fragile — particularly following the 2025 realignment and restructuring — and requires deliberate consolidation. Sustaining momentum will require continued attention and investment across all three levels of the Organization.

A core team at Headquarters continues to ensure coherence and consistent standards across the Organization. At the same time, in line with the Delegation of Authority<sup>14</sup>, the WHO PRS Accountability Framework<sup>15</sup>, and the modalities for allocating flexible funds, full accountability for resource allocation related to the prevention of and response to sexual misconduct at the country and regional levels has been delegated to Heads of WHO Country Offices and Regional Directors. Programme Budget planning guidance was provided by the Assistant Director-General for Business Operations (ADG/BOS) to ensure adequate, risk-informed resource allocation for the prevention of and response to sexual misconduct at regional and country level, as well as regional oversight. This shift from a centralized to a decentralized PRS business model is intended to enable timelier, more context-appropriate action, and greater impact.

Sexual misconduct remains one of WHO’s principal risks<sup>16</sup> and is monitored regularly, including through the Internal Control Framework. In line with the new business model, this new strategic phase will focus on deeper localization, strengthened leadership, and transparent engagement with Member States and partners at all levels.

The Strategy underscores that zero tolerance can only be realized through robust prevention measures grounded in risk-based and victim/survivor-centred approaches, reinforcing WHO’s commitment to this work. These measures aim to reduce the likelihood of incidents, while a strong, end-to-end response system—supported by clear key performance indicators—ensures rapid and effective action when incidents occur so that impunity does not have a place in the Organization.

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<sup>10</sup> [https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol\\_English\\_Final.pdf](https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf)

<sup>11</sup> Management and governance matters - Prevention of sexual exploitation, abuse and harassment EB156/28

<sup>12</sup> World Health Organization. *WHO Management Response Plan to the Independent Commission Report on Sexual Abuse and Exploitation*. Geneva: WHO; 2021.

<sup>13</sup> Independent Commission on Allegations of Sexual Abuse and Exploitation during the Response to the 10th Ebola Outbreak in the Democratic Republic of the Congo. *Report of the Independent Commission*. Geneva: World Health Organization; 2021.

<sup>14</sup> [delegation-of-authority-amro.pdf](#); [delegation-of-authority-wpro.pdf](#); [delegation-of-authority-emro.pdf](#); [delegation-of-authority-afro.pdf](#); [delegation-of-authority-euro.pdf](#);

<sup>15</sup> [Preventing and responding to sexual misconduct: WHO’s three-year strategy 2023–2025. Accountability framework](#). Geneva: World Health Organization; 2023.

<sup>16</sup> [Principal Risks](#), World Health Organization, 2025

By consolidating progress and prioritizing sustainable, locally driven solutions, WHO seeks to translate its commitment from policy into practice, upholding the dignity and rights of all those it serves—and all those who serve within and alongside the Organization—everywhere.

## Vision

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WHO's vision for the prevention of and response to sexual misconduct remains steady and focused: we do no harm to the people we are entrusted to serve or to the people with whom we serve.

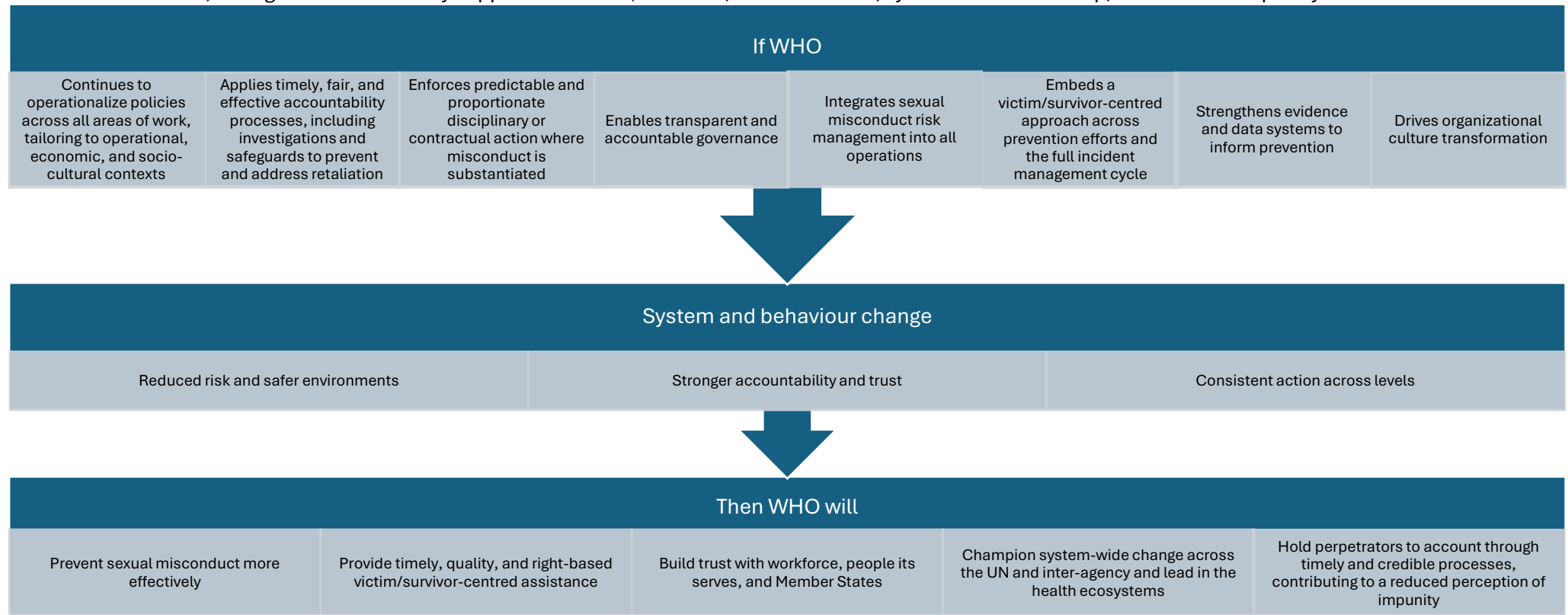
This vision is underscored by WHO's goal of triple zero tolerance: (1) zero tolerance towards sexual misconduct; (2) zero tolerance for inaction against sexual misconduct; and (3) zero tolerance for any retaliation against those who report or participate in investigations of allegations of sexual misconduct.

We envision a world where:

- no workforce member has any excuse for sexual misconduct or for inaction when they witness or hear about an incident.
- no implementing partner is exempt from meeting our standards.
- no victim/survivor of sexual exploitation, abuse or harassment goes unheard or unsupported.
- no perpetrator goes unpunished.

# Theory of Change for WHO’s Strategy to Prevent and Respond to Sexual Misconduct 2026–2029

The below flow illustrates the causal logic underpinning the Strategy. It sets out how sustained action by WHO—across policy alignment and implementation, accountability, risk management, survivor-centred approaches, evidence use and organizational culture change—is expected to lead to improved prevention of sexual misconduct, stronger and more timely support for victims/survivors, enhanced trust, system-wide leadership, and reduced impunity.



Achievement of the intended outcomes is contingent upon the assumptions holding and the risks being actively managed through the mitigation measures and accountabilities outlined below:

Barrier	Risk to ToC Pathway	Mitigation Actions
<b>Power asymmetries in hierarchical and emergency contexts</b>	Underreporting of misconduct; limited challenge to inappropriate behaviour; weak preventive impact in high-risk operations	<ul style="list-style-type: none"> <li>Reinforce leadership expectations and duty to promote a conducive environment for prevention of sexual misconduct through delegated authority and performance dialogue</li> <li>Ensure independent and accessible reporting channels alongside line management</li> <li>Deploy enhanced prevention measures (training, risk mapping, surge safeguards), including tailored ones for emergency settings</li> </ul>
<b>Fear of retaliation or inaction</b>	Erosion of trust; continued silence; reduced credibility of accountability systems	<ul style="list-style-type: none"> <li>Enforce anti-retaliation safeguards as explicit accountability requirements</li> <li>Apply protective measures systematically for those who report, witnesses and victims/survivors</li> <li>Provide support measures and assistance to those identified as victims/survivors across the Organization.</li> <li>Communicate outcomes and disciplinary actions transparently and regularly</li> <li>Monitor retaliation risks as part of case follow-up</li> </ul>
<b>Uneven leadership commitment and capability</b>	Inconsistent application of standards; variable prevention outcomes across regions/countries	<ul style="list-style-type: none"> <li>Embed prevention responsibilities into delegated authority and managerial accountability</li> <li>Integrate PRS into leadership development and management training</li> <li>Use oversight bodies and dashboards to identify gaps and trigger corrective action</li> <li>Promote peer accountability and leadership learning</li> </ul>
<b>Complex national legal and jurisdictional frameworks</b>	Delays or limitations in investigations and disciplinary action; perceived inequity of outcomes	<ul style="list-style-type: none"> <li>Strengthen coordination between the accountability functions</li> <li>Use contractual and administrative levers within WHO authority</li> <li>Tailor response modalities without compromising standards</li> <li>Clarify interaction between WHO processes and national systems</li> </ul>

<b>Socio-cultural norms that stigmatize survivors or normalize sexual misconduct</b>	Reduced reporting and engagement with prevention; survivor harm	<ul style="list-style-type: none"> <li>• Tailor prevention messaging and training to local contexts</li> <li>• Engage trusted partners and intermediaries</li> <li>• Cultural risk analysis through the operational risk assessments</li> <li>• Equip the workforce (incl. leaders and managers) and partners to challenge harmful norms through behaviour and decisions</li> </ul>
<b>Security constraints and access limitations</b>	Inability to implement standard prevention and oversight measures	<ul style="list-style-type: none"> <li>• Integrate PRS risk mitigation into security and emergency planning</li> <li>• Use remote monitoring, reporting and survivor support modalities</li> <li>• Prioritize proportionate prevention actions in constrained environments</li> <li>• Ensure PRS capacity in surge deployments</li> </ul>
<b>Tension between emergency speed and accountability processes</b>	Safeguarding gaps during rapid response; inconsistent standards	<ul style="list-style-type: none"> <li>• Enforce minimum safeguarding standards in emergency SOPs</li> <li>• Pre-position tools, training and surge prevention capacity</li> <li>• Clarify leadership decision thresholds balancing urgency and accountability</li> <li>• Conduct after-action reviews focused on safeguarding</li> </ul>
<b>Delays in investigations and case resolution</b>	Loss of confidence; perception of impunity; survivor dissatisfaction	<ul style="list-style-type: none"> <li>• Strengthen case triage, prioritization, and tracking throughout incident management</li> <li>• Communicate clearly on process steps and timelines</li> <li>• Use data analytics to identify and address systemic bottlenecks</li> </ul>
<b>Inconsistent consequences, disciplinary measures across staff, non-staff and partners</b>	Perception of unequal accountability; weakened deterrence	<ul style="list-style-type: none"> <li>• Harmonize accountability expectations through the PRS Accountability Framework</li> <li>• Strengthen contractual clauses and enforcement with partners</li> <li>• Increase partner oversight in high-risk operations</li> <li>• Apply disciplinary measures predictably and proportionately in accordance with WHO's regulatory framework</li> </ul>

# Strategic Approach

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This strategy is anchored in six interdependent strategic pillars, building on the foundation of, and lessons learned from the previous framework<sup>17</sup>.



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<sup>17</sup> This Strategy is aligned with international frameworks and standards on the prevention of and response to sexual misconduct, including but not limited to:

[United Nations Secretary-General's Bulletin: Special measures for protection from sexual exploitation and sexual abuse](#); [Inter-Agency Standing Committee \(IASC\) Minimum Operating Standards - Protection from Sexual Exploitation and Abuse by own Personnel](#); [Common Approach to Protection from Sexual Exploitation, Sexual Abuse and Sexual Harassment](#); [OECD DAC recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response](#)

# 1. Policies Aligned, Institutionalized, Contextualized, and Operationalized

## WHY

Prevention of and response to sexual misconduct requires robust policies, clear standards, and effective implementation tailored to the diverse contexts in which WHO operates.

WHO's policy architecture has matured, but implementation remains uneven – including in high-risk and emergency settings, or where WHO relies on implementing partners and contractors. The JIU Review and the Stocktaking Exercise call for accelerated institutionalization.

## HOW

Deliver a strengthened, standardized, and accountable PRS system that reduces risk and enables timely, effective action in every setting where WHO operates.

## WHAT

We will focus on:

- Meaningful and consistent integration of prevention and response to sexual misconduct across all relevant WHO corporate policies, ensuring continued coherence within the broader WHO's foundational policy framework.
- Contextualized policy packages to support implementation of minimum standards across all WHO operational contexts, including emergencies and fragile/conflict affected settings where heightened risks for vulnerable population are present; in environments where governments, or partners lead implementation; and in health-related prevention and response strategies where WHO is in the lead.
- Coordinated efforts, working closely with the Office of the Special Coordinator on Improving the UN Response to Sexual Exploitation and Abuse (UN OSCSEA)<sup>18</sup> and inter-agency partners, including the IASC.
- Capacity development through regularly updated, role specific, and context appropriate training aligned with evolving policies.
- Continuous improvement, with PRS integration guided by regular review, adaptation, and learning from best practices. Monitoring frameworks will track progress, identify bottlenecks, and drive optimization of policy implementation.

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<sup>18</sup> <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/office-special-coordinator-improving-un-response-sexual-exploitation-and-abuse-oscsea>

## 2. Accountability and Transparency Consolidated

### WHY

WHO has established a solid foundation through the WHO PRS Accountability Framework, which clarifies responsibilities and strengthens roles across the entire workforce and all levels of the Organization. To fully realize its potential, it is pivotal to embed a consistent, action-oriented accountability and transparency system across WHO—grounded in the PRS Accountability Framework—covering investigation, case management, protection against retaliation, and support for victims/survivors' rights. In high risk and sensitive operational contexts, robust and transparent accountability systems are essential to reducing the risk of sexual misconduct and maintaining the trust of Member States, donors, and affected communities. Strengthening this pillar will embed accountability as a core leadership function—focused on action, not only reporting.

### HOW

Through the decentralized business model, further strengthen accountability for the prevention of sexual misconduct at all levels, and by further strengthening sexual misconduct case management based on action-oriented accountability and transparency for investigation, victims/survivors' assistance, and disciplinary action.

### WHAT

We will focus on:

- Zero tolerance for inaction as a formal accountability requirement.
- Public facing dashboards and other information products on misconduct matters.
- Clarifying and embedding accountability into leadership and staff performance management through strengthened corporate mechanisms.
- Strengthening investigation and post-investigation case management with monitored timelines, electronic case tracking, and regular audits to ensure transparency and consistency – in line with the benchmarks included in the WHO PRS Accountability Framework.
- Strengthening victims/survivors' assistance by ensuring timely support, enhanced protection from retaliation, and feedback from victims/survivors into prevention and response processes.
- Regular reporting across all WHO offices and programmes against resourced PRS implementation plans and associated KPIs, reinforcing accountability for delivery.
- Institutionalizing learning through after action reviews for substantiated incidents.
- Advancing accountability standards with Member States through continued development of the Accountability Framework in WHO–Government operations through practical toolkits to allow adaptation and uptake.

### 3. Risk Management Enhanced

#### WHY

Sexual misconduct is formally recognized as one of WHO's 14 Principal Risks, reflecting its universal relevance across all operational contexts—whether it is emergency or development response, government-executed or partner-delivered programmes. This risk is structural, not incidental: underreporting, insufficient mitigation, and inconsistent application of victim/survivor-centred approaches represent systemic vulnerabilities. WHO's diverse workforce model—encompassing contractors, implementing partners, government collaborators, volunteers, and surge personnel—further expands its risk landscape beyond its direct workforce. To address this, risk management must shift from a compliance exercise to an integral operational function embedded in programme design, financing, delivery, monitoring, and governance. As risks evolve, including through technology facilitated abuse and large outreach operations, WHO's recent innovations in risk assessment and mitigation now require global scale-up.

#### HOW

Further strengthen a proactive, organization wide risk management system for sexual misconduct that is integrated into all programmes and operational modalities, which consistently identifies and mitigates risks across diverse settings, and strengthens accountability beyond WHO's direct workforce.

#### WHAT

We will focus on:

- Activity-based and community- informed risk assessments across all high-risk operations, including analysis of the local context, technology-facilitated risks, and barriers to reporting for communities at risk and victims/survivors.
- Integration of sexual misconduct risk into key corporate frameworks and processes, including ERM, Country Cooperation Strategies, programme design, and budget reviews, and WHE surge deployments.
- Setting and applying minimum requirements for vetting, capacity assessment, and accountability clauses for implementing partners and vendors, addressing a major system-wide gap.
- Supporting partners through tailored training, resources, and joint action plans to improve mitigation capacity.
- Engaging in UN and inter-agency initiatives to harmonize standards, share lessons, and advance system-wide coherence.

## 4. Victim/survivor-Centred Approaches Codified

### WHY

Since 2021, WHO has grounded its prevention and response to sexual misconduct work in victim and survivor-centred approaches, in line with the United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse<sup>19</sup> and the Victims' Rights Statement<sup>20</sup>, as well as the guidance of the UN Office of the Victims' Rights Advocate (OVRA)<sup>21</sup>. Indeed, among other things, WHO's Survivor Assistance Fund is considered a best practice across the UN system.

In line with requests from Member States and building on system-wide commitment, victim and survivor-centred approaches remain a central pillar of WHO's work on prevention and response to sexual misconduct and building on progress to date, further consolidation will be pursued to strengthen operational consistency across the three levels of the Organization, including at the country level.

### HOW

WHO will consolidate progress by codifying and implementing a holistic, rights-based approach across its systems. This includes strengthening response, as well as enhancing coordination between headquarters, regional, and country levels to provide quality assistance. WHO is committed to ensuring that victims/survivors of sexual misconduct have access to timely and appropriate assistance through the WHO Survivor Assistance Fund. Supported by strengthened systems and victims/survivors' participation mechanisms, this approach aims to enhance accountability and ensures that the perspectives of victims/survivors inform decisions at all levels.

### WHAT

We will focus on:

- Defining and implementing a holistic, rights-based, victim/survivor-centric assistance pathway, aligned with UN OVRA's standards, international standards and WHO's Regulatory Framework.
- Embedding victim/survivor-centred approaches into all capacity-building efforts, ensuring that the workforce and other stakeholders involved in WHO operations can apply them consistently across roles.
- Expanding WHO's capacity for trauma-informed investigation and case management to ensure safe, respectful, and non-discriminatory processes.
- Integrating victim/survivor-centred approaches into the IOS charter and related procedures, while clarifying roles and responsibilities at all stages of investigation and disciplinary processes.

<sup>19</sup> [https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol\\_English\\_Final.pdf](https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf)

<sup>20</sup> <https://www.un.org/en/victims-rights-first/victims-rights-statement>

<sup>21</sup> Office of the Victims' Rights Advocate | Preventing Sexual Exploitation and Abuse

- Institutionalization of victims/survivors' participation and feedback mechanisms, including structured opportunities to inform policy development, SOPs updates, and service design while respecting confidentiality and informed consent.
- Establishing minimum standards for safe reporting across all operational WHO's contexts, in line with UN standards and interagency mechanisms where applicable.
- Developing and applying metrics to monitor quality of the assistance provided, system responsiveness, and overall impact.

## 5. Evidence-Informed Decision-Making Strengthened

### WHY

WHO has taken important steps to advance evidence use in preventing and responding to sexual misconduct, including convening a Technical Consultation<sup>22</sup> that highlighted system-wide needs for stronger documentation, clearer analytical tools, and a more coherent basis for measuring progress. Building on this momentum, further consolidation is needed to address the current lack of a global evidence base on the drivers, patterns, and structural determinants of sexual misconduct, as well as the effectiveness of different prevention and response models. Leveraging its core strength in translating evidence into recommendations, WHO aims to institutionalize an ecosystem that systematically generates, synthesizes, and applies data and evidence to guide policy, programming, accountability, and resourcing.

### HOW

Leveraging its core strength in translating evidence into recommendations, WHO aims to contribute to an ecosystem that systematically generates, synthesizes, and applies data and evidence to guide policy, programming, accountability, and resourcing.

### WHAT

We will focus on:

- Exchange of evidence and good practices across countries, regions, partners, and UN system entities.
- Contribute to ongoing UN efforts to harmonize data definitions and reporting standards, including exploring information sharing across UN entities.
- Informing a forward-looking agenda for building a global evidence backbone for the prevention of and response to sexual misconduct.
- Providing guidance to Member States and the broader health sector informed by emerging evidence.
- Strengthen evidence translation and communication, including in relation to technology-facilitated sexual misconduct, to ensure findings inform policies, programmes, and leadership decisions.
- Mainstreaming the use of data and evidence in operational decision making related to the prevention and response to sexual misconduct across all levels of WHO.
- Building internal capacity for evidence generation, documentation, analysis, and use.

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<sup>22</sup> [WHO technical consultation on evidence-informed decision-making for prevention of and response to sexual misconduct: meeting report, 2025](#)

## 6. Organizational Culture Change Accelerated

### WHY

WHO has strengthened its foundations for fostering a safe, respectful, and inclusive work environment, and continued progress depends on accelerating organization wide culture change. Reviews show that deep rooted power imbalances, fear of retaliation, gender inequalities, discrimination and harmful norms can still undermine efforts to prevent and respond to sexual misconduct. Culture change remains the most transformative but also the most gradual and fragile area of work, requiring sustained leadership and consistent reinforcement.

### HOW

Building on existing progress and strengthening organizational culture so that safe, respectful, and accountable behaviours are consistently modelled, reinforced, and rewarded across all teams and duty stations—making culture change an operational reality rather than an aspirational ethos.

### WHAT

We will focus on:

- Shifting from awareness to translating the WHO Values Charter<sup>23</sup> into daily behaviours, ensuring expectations are clear and operationalized across all levels and functions.
- Ensuring behavioural accountability, embedding behavioural standards across roles, with consequences for harmful behaviour or inaction and recognition of leadership behaviours that demonstrate prevention strategies.
- Fostering cohesive team cultures that promote shared, organization-wide norms that reduce discrimination, fragmentation, and exclusion.
- Sustaining visible commitment at the most senior level and ensuring leadership at every level, treating it as an essential, crosscutting responsibility.
- Regularly assessing organizational culture change through staff surveys, feedback mechanisms, and independent reviews, with results used to refine actions and adjust strategies

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<sup>23</sup> [Our values](#)

# Strategy Monitoring and Evaluation

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Like its predecessor, this strategy will be implemented and monitored through annual implementation plans, with clear key performance indicators at global, regional, and country levels. Regional and country office implementation plans will be developed using decentralized approaches based on local resource allocation, risk assessment results and specificities of local operations. This new business model is intended to bring about stronger contextualization, accountability and programmatic integration. The overall implementation plan will be made available on the website on a yearly basis.

WHO will continue to engage in external reviews and assessments as applicable and regularly report to its governing bodies on the implementation of the Strategy through Quarterly Member States Information Sessions as per EB148/4<sup>24</sup> and governing bodies meetings.

At a minimum, at the end of 2028, WHO will conduct an external assessment to assess the implementation of this Strategy.

## Conclusion

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As WHO enters the next phase of its work to prevent and respond to sexual misconduct, this Strategy represents both the culmination of hard-won progress and a springboard for deeper transformation. The years ahead will require maintaining high standards while continuing to adapt, listen, and innovate in a rapidly evolving environment. The 2026–2029 Strategy positions WHO to consolidate gains, address structural gaps, and accelerate transformative change. Building on evidence and lessons from 2021–2025 across WHO, the UN system, and partner organizations, it reaffirms WHO’s commitment to zero tolerance, victims/survivors’ rights and dignity, and institutional accountability—ensuring WHO continues to lead the global health sector in the prevention of and response to sexual misconduct.

Sustained progress is contingent on collective resolve: keeping victims/survivors at the center, fostering a culture where every voice is heard, and ensuring accountability is visible and meaningful at every level. The engagement of Member States, partners, and all WHO personnel will be essential in turning policy into practice.

Together—guided by integrity, respect, and a shared determination—we can make dignity and accountability a lived reality for all.

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<sup>24</sup> [EB148/4 \(2021\)](#)





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