

WHO Policy on Preventing and Addressing Sexual Misconduct

Policy and Procedures Concerning Sexual Exploitation, Sexual Abuse,
Sexual Harassment and All Forms of Prohibited Sexual Behaviour

Department for the Prevention of and
Response to Sexual Misconduct

Office of the Director-General

 **#NoExcuse**

WHO Policy on Preventing and Addressing Sexual Misconduct¹

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¹Including sexual exploitation, sexual abuse and sexual harassment.

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1. Purpose¹

- 1.1. WHO is committed to ensuring a safe and healthy work and operational environment. Sexual misconduct has a devastating and enduring impact on the mental, physical and emotional welfare of victims/survivors; WHO staff, collaborators and members of the public in locations where WHO staff and/or collaborators operate; the safety of our operational environments; and, the reputation of the Organization. Sexual misconduct is an abuse of the trust and confidence placed in WHO, its staff and collaborators, and it disregards the human rights, values, and principles for which WHO stands.
- 1.2. WHO has zero tolerance towards sexual misconduct and inaction against sexual misconduct, and for any form of retaliation against those who report, or participate in an investigation of, allegations of sexual misconduct. The rights and protection of those who experience sexual misconduct are central to the Organization's prevention and response to sexual misconduct. This policy is intended to ensure that all staff and collaborators are held to a common standard of conduct, and that measures are taken to both prevent and address sexual misconduct.
- 1.3. The provisions of this policy shall apply from the date of issuance and shall prevail to the extent of any inconsistency with other policies of WHO.²

2. Scope

- 2.1. This policy sets out WHO's approach to support victims and survivors of sexual misconduct, as well as those who report it, and to ensure accountability of those who perpetrate it and of those who fail to comply with their obligation to report or address it.
- 2.2. This policy is applicable at all times, both during and outside of regular working hours. It applies to all WHO staff, independent of their location, grade, type, or duration of appointment, and including Junior Professional Officers and individuals serving on secondment or loan to WHO.
- 2.3. As a standard contractual provision, this policy also applies to all WHO collaborators, notwithstanding their contractual or remuneration status, including, but not limited to:
 - 2.3.1. individuals who have any form of contractual relationship with WHO, such as temporary advisers, those serving with WHO under a Special Service Agreement (SSA) or Agreement for Performance of Work (APW), consultants, interns, volunteers, and those holding a UNOPS Individual Contractor Agreement (ICA);
 - 2.3.2. third party entities such as vendors, contractors, grant recipients, and technical partners;
 - 2.3.3. other entities and individuals who receive WHO funds, execute a project or perform any other work or activities in the name of, or for the benefit of, WHO;

¹ In drafting this document, policies from a variety of international organizations, public institutions, and academic institutions were reviewed, including the University of Windsor. Passages from the University of Windsor's Policy on Sexual Misconduct, 19 April 2022 version, are reproduced and adapted for use in this document with their permission.

² This policy replaces and supersedes Information Note 17/2017 WHO Sexual Exploitation and Abuse Prevention and Response Policy and Procedures March 2017, previously placed in abeyance, and Information Note 23/2021 Information on Policy Directive on Protection from sexual exploitation and sexual abuse (SEA), 6 December 2021.

- 2.3.4. others in official and formal relations with WHO, including those operating as a WHO Collaborating Centre.

3. Definitions

3.1. For the purposes of this policy, the term “sexual misconduct” is an all-inclusive term used to address all forms of prohibited sexual behaviour by staff members or collaborators towards colleagues or members of the public in locations where WHO staff and/or collaborators operate. The term includes any sexual activity with children (i.e., persons under 18 years of age) regardless of the age of majority or consent under national legislation. Sexual misconduct, encompasses all behaviour characterized as sexual exploitation, sexual abuse, and sexual harassment, which are all defined, respectively, as follows:

3.1.1. **Sexual exploitation** – is the actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.³

3.1.2. **Sexual abuse** – is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁴

3.1.3. Victims/survivors of sexual exploitation, sexual abuse and any other forms of sexual violence or prohibited sexual behaviour may include staff members, collaborators of WHO, and members of the public in locations where WHO staff and/or collaborators operate. These terms encompass acts of a sexual nature against one or more persons or acts that cause such person or persons to engage in an act of a sexual nature by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or persons or another person, or by taking advantage of a coercive environment or such person’s or persons’ incapacity to give genuine consent.⁵ Forms of sexual exploitation and abuse include, *inter alia*, rape, attempted rape, forced prostitution, trafficking for the purpose of sexual exploitation, child pornography, child prostitution, sexual slavery, forced marriage, forced pregnancy, forced abortion, forced sterilization, forced nudity, forced virginity testing, sexual torture and sexual mutilation.⁶ Sexual exploitation and abuse also includes the threat or use of electronic images or video of a sexual nature in a physical and/or virtual manner as a means of fear, coercion, duress, psychological oppression or abuse of power.

3.1.4. **Sexual harassment**⁷ – 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 or operational environment.

³ ST/SGB/2003/13.

⁴ ST/SGB/2003/13.

⁵ See International Criminal Court, *Elements of Crimes*

[<https://www.icc-cpi.int/sites/default/files/Publications/Elements-of-Crimes.pdf>], last accessed 7 November 2022.

⁶ High Level Steering Group on Sexual Exploitation and Abuse, *Policy on Integrating a Human Rights-Based Approach to United Nations efforts to Prevent and Respond to Sexual Exploitation and Abuse*, December 2021, Annex 2.

⁷ While sexual harassment normally refers to misconduct within the workplace between colleagues, it may extend beyond the workplace to include members of the public in locations where WHO staff and/or collaborators operate. WHO uses the term ‘sexual misconduct’ to encompass sexual harassment, sexual exploitation, and sexual abuse.

3.1.5. Victims/survivors of sexual harassment may include staff members, collaborators of WHO and members of the public in locations where WHO staff and/or collaborators operate. Sexual harassment may involve any conduct of a verbal, non-verbal or physical nature, including written and electronic communications, and may occur between persons of the same or different genders. Examples of sexual harassment include, but are not limited to:

- Unwelcome sexual advances;
- Sharing or displaying sexually inappropriate objects, images, or videos in any format;
- Sending sexually suggestive communications in any format;
- Sharing sexual or vulgar 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;
- Making derogatory or demeaning comments about a person's sexual orientation or gender identity;
- Sending unsolicited gifts (e.g., romantic or of a sexual nature); and,
- Technology assisted voyeurism, including via social media/cyber-stalking of a sexual nature.

3.2. Certain acts falling within the above definitions may amount to crimes under national law and may also constitute violations of international law, including international human rights, humanitarian and/or criminal law, which engage obligations for States to respect and fulfil human rights. In some circumstances, some acts may also be defined as conflict-related sexual violence. Regardless of the legal or illegal status of any act of sexual misconduct, all such behaviour is prohibited under WHO's policies, rules, and standards of conduct.

3.3. **Subject of allegations** – is a staff member or collaborator of WHO accused of engaging in act(s) of sexual misconduct.

3.4. **Victim/Survivor** – the person who identifies their experience as being, or having been, sexually exploited, abused, or harassed. WHO recognizes that an individual may not identify with the label "victim" or "survivor" and the Organization will respect each individual's preferred term in its interactions with them.

4. Zero Tolerance

4.1. WHO has zero tolerance for sexual misconduct and inaction against sexual misconduct. This means that WHO staff and collaborators cannot stand by or ignore incidents of sexual misconduct. By simply becoming aware of an incident of sexual misconduct, specific responsibilities and meaningful actions are engaged on the part of WHO staff, collaborators, managers and supervisors, at all levels of the Organization.⁸ There is also zero tolerance in WHO for any form of retaliation against victims/survivors or bystanders who disclose, report or submit a complaint of sexual misconduct or who participate in an investigation of allegations of sexual misconduct conducted under the authority of WHO's Office of Internal Oversight Services (IOS).

⁸ The responsibilities of WHO staff and collaborators, managers and supervisor, and the Organization as a whole, are addressed in Section 13, below.

WHO takes all reports or concerns raised regarding sexual misconduct seriously, engaging actions on a priority basis.

5. Minimum Operating Standards

5.1. Sexual misconduct violates universally recognized international legal norms and standards and the standards of conduct set out in the WHO Staff Regulations and Staff Rules. The following minimum operating standards align with general obligations under the WHO Staff Regulations and Staff Rules, and apply to all WHO staff and collaborators:

5.1.1. Sexual misconduct by WHO staff and collaborators is a serious offence and, as such, provides grounds for disciplinary measures, including summary dismissal, or termination of contract, and inclusion in relevant screening databases, as well as other action as deemed necessary and appropriate.

5.1.2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.

5.1.3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchanges for assistance to beneficiaries of WHO programs or operations and members of the public in locations where WHO staff and/or collaborators operate.

5.1.4. Any sexual relationship between WHO staff or collaborators, and members of the local population who benefit from WHO's presence or services that involves improper use of grade or position are prohibited. Such relationships undermine the credibility and integrity of the work of WHO and the United Nations.

5.1.5. Where concerns or suspicions regarding sexual misconduct arise, whether in the same organization or not, such concerns must be reported to IOS (investigation@who.int) or through the [WHO Integrity Hotline](#)⁹.

5.1.6. WHO staff and collaborators are obliged to create and maintain an environment which prevents sexual misconduct of all forms and promotes the implementation of the standards of conduct set out in the WHO Staff Regulations and Staff Rules and the WHO Code of Ethics and Professional Conduct. Supervisors at all levels have particular responsibilities to support and develop systems which maintain this environment.¹⁰

5.2. The minimum operating standards set out above are not intended to be an exhaustive list. Other types of sexual behaviour or misconduct may also be grounds for administrative action, disciplinary measures, including summary dismissal or termination of contract, inclusion in relevant screening databases, and/or referral to national or local authorities.

⁹ The WHO Integrity Hotline platform can be accessed via <https://www.who.int/about/ethics/integrity-hotline>. Reports may be filed online, by phone - at no cost for a caller that are available in 194 countries in WHO's official languages, or the mobile intake site using a QR code

¹⁰ Inter-Agency Standing Committee on Protection from Sexual Exploitation and Abuse, Six Core Principles, <https://psea.interagencystandingcommittee.org/update/iasc-six-core-principles> [accessed 6 June 2022], as adapted by WHO for its staff and collaborators.

6. Victim/Survivor-centric, human rights-based approach

6.1. Overview

6.1.1. WHO applies a victim/survivor-centric focus to the human rights-based approach to preventing and responding to sexual exploitation and abuse adopted by the United Nations¹¹. In its interactions with victims/survivors of sexual misconduct, WHO prioritizes listening to victims/survivors, avoiding re-traumatization, and systemically focusing on their safety, rights, wellbeing, expressed needs and choices, thereby giving back as much control as feasible and focussing on an empathetic and sensitive delivery of services and accompaniment in a non-judgmental manner.¹² WHO ensures that the rights, needs, safety, dignity and well-being of victims/survivors of sexual misconduct remain central to the responsibilities of the Organization, its staff and collaborators, and embedded all actions, processes and efforts to prevent and address sexual misconduct. The principles of do no harm, confidentiality, transparency, accountability and duty to report, prevention, non-discrimination and equal application shall guide WHO's approach to preventing and addressing sexual misconduct, as they are elaborated below.

6.2. Do no harm

6.2.1. WHO is committed to avoiding exposing staff members, collaborators, and members of the public in locations where WHO staff and/or collaborators operate to additional risks through our work and actions. Special protections for children must always apply. Ensuring no harm includes:

- Refraining from any action that could facilitate or perpetrate sexual misconduct towards colleagues, beneficiaries and members of the public in locations where WHO staff and/or collaborators operate;
- The duty not to have sexual relationships with the people who receive our services or who are otherwise in positions of vulnerability as members of the public in locations where WHO staff and/or collaborators operate;
- Preventing and mitigating secondary harm that may result from how victims/survivors are treated, and/or protected from retaliation;
- Prioritizing victim/survivor safety and wellbeing in actions and processes;
- Ensuring that the “best interests of the child”¹³ are assessed and taken into account as a primary consideration in all actions or decisions that concern them. Children must be assured of their right to express their views freely in all matters affecting them and their views must be given due weight in accordance with their age and level of maturity;
- Informing victims/survivors of options and services available to them, recognizing barriers to participation, seeking their views and prioritizing their preferences where possible;

¹¹ High Level Steering Group, *Policy on Integrating a Human Rights-Based Approach to United Nations efforts to Prevent and Respond to Sexual Exploitation and Abuse*, 2021.

¹² Adapted by WHO to reflect victim-centred approach from UNHCR, *Policy on a Victim-Centred Approach in UNHCR's response to Sexual Misconduct, Sexual Exploitation and Abuse and Sexual Harassment*, UNHCR/HCP/2020/04 <https://www.unhcr.org/protection/women/5fdb345e7/policy-victim-centred-approach-unhcrs-response-sexual-misconduct.html> , (accessed 9 February 2023).

¹³ The principle of the “best interests of the child” is described in the *Convention on the Rights of the Child*, New York, 11 November 1989 (accessed 12 February 2023). A variety of individual circumstances determine the well-being of a child, including age, gender, level of maturity, experiences, as well as other factors such as the presence or absence of parents, the quality of the relationships between the child and the family/caretaker, the physical and psychosocial situation of the child, and their protection situation and risks.

- Intimate relationships among colleagues in the workplace must not impact professional responsibilities or the work environment. Such relationships must remain entirely consensual, without any form of coercion, exploitation, or abuse of power. Consensual relationships that also involve a hierarchical or supervisory relationship may be disclosed to a supervisor, if appropriate, and must be disclosed to the Ethics Unit and to the Senior Human Resources Officer to ensure such relationships are addressed in accordance with the relevant Staff Rules and policies. Within WHO, intimate relationships with interns or volunteers of WHO or the UN are strongly discouraged, whenever there is a power differential.

6.3. Confidentiality

- 6.3.1. Confidentiality is an important means of protection to those who have disclosed, reported, or submitted a complaint of sexual misconduct. It is also an important element of due process for the subject of allegations of sexual misconduct. Confidentiality will be safeguarded by WHO throughout the process to the extent possible. All information collected will be labelled as “Strictly Confidential”, stored, and transmitted within WHO in a secure manner. Information will be shared with officials of WHO and the UN on a “need-to-know” basis, with personally identifiable information of the victim/survivor and the subject of the allegations excluded, anonymized, or redacted when deemed necessary.
- 6.3.2. Personally identifiable information of the victim/survivor, being classified as strictly confidential, will not normally be shared by the Organization with parties external to WHO, entities of the United Nations, donors, or national governments. To the extent possible, the victim/survivor will be informed of the intention to share personally identifiable information, subject to the following circumstances where confidentiality may not be assured:
- There are reasonable grounds to believe that an individual is at imminent risk of self-harm;
 - There are reasonable grounds to believe that one or more persons in WHO and/or in the location where WHO staff and/or collaborators operate may be at risk of harm;
 - Reporting is required by law (e.g., in the case of a child);
 - In the conduct of an investigation of allegations of sexual misconduct where the identity of the victim/survivor and/or subject of the allegations is needed;
 - An individual has disclosed to, reported to, or filed a complaint with a member of the local authorities. When WHO is informed of an alleged incident of sexual misconduct by local authorities, such notification will immediately trigger the investigation procedures of IOS;
 - Personally identifiable information of the parties, allegations, or evidence of sexual misconduct is available in the public realm (e.g., comments or video shared publicly on social media by one of the parties or by a third party);
 - Measures of protection, prevention, victim/survivor assistance or support limit the possibility of confidentiality.

6.4. Transparency

- 6.4.1. The Organization’s actions and processes to address sexual misconduct must be transparent to build trust and ensure accountability. Where the principles of transparency and confidentiality conflict, the actions of WHO will be informed by the safety and well-being of the victims/survivors as the highest priority.
- 6.4.2. Examples of actions which demonstrate transparency include:

- Outreach and engagement with community-based mechanisms and partners to communicate the responsibilities of WHO and to identify supporting materials;
- Informing victims/survivors and the subjects of allegations of options;
- Keeping victims/survivors and subjects of allegations informed on the progress and outcomes of processes that concern them;
- Making information about preventative, mitigation and response measures to holistically address sexual misconduct using public communication channels, and briefings of its Member States and stakeholders;
- Making information on sexual misconduct allegations and WHO's response publicly available, with due regard for confidentiality.
- WHO will be transparent in releasing information of a general nature concerning credible allegations of sexual misconduct¹⁴ with due regard for confidentiality, safety, and wellbeing of the victim/survivor, and with due regard for due process for the subject of the allegations.¹⁵

6.5. Accountability and duty to report

- 6.5.1. WHO is committed to ensuring it has the necessary systems and processes in place to preventing and addressing sexual misconduct and reinforce accountability for actions and performance especially in relation to those in leadership and supervisory positions.
- 6.5.2. Position or seniority will not confer impunity to any staff member or collaborator.
- 6.5.3. The Head of Office (Country, Regional, HQ, and outposted) has ultimate accountability for preventive and response measures related to sexual misconduct.
- 6.5.4. WHO is committed to supporting our staff, collaborators, and members of the public it serves to speak out and to facilitating the reporting of sexual misconduct.
- 6.5.5. Staff and collaborators all have an obligation to report acts of sexual misconduct to the WHO IOS (investigation@who.int) or through the WHO Integrity Hotline.
- 6.5.6. Members of the public are encouraged to report acts of misconduct to IOS through the WHO Integrity Hotline, Community-Based Complaints Mechanisms or other in-country complaint mechanisms established by the United Nations or in collaboration with national authorities.
- 6.5.7. Staff and collaborators who report sexual misconduct are entitled to protection against retaliation in accordance with the applicable conditions of service or contractual terms.¹⁶

¹⁴ These have sufficient information to identify SEAH against an identifiable victim/survivor by an identifiable perpetrator.

¹⁵ Before the conclusion of an investigation, WHO may release information, such as: (i) the nature of the allegation(s) (ii) the date(s) of the alleged incident and of the complaint; (iii) age, gender and number of victim/survivor(s); (iv) whether victim/survivor assistance has been offered and if so, provided (e.g., medical, psychosocial, legal, protection, shelter, referral services or through a Trust Fund project); (v) the country where the alleged incident occurred, but not a specific location; (vi) the general category of perpetrator (e.g., international or local staff member, collaborator or third party); (vii) whether the matter has been referred for investigation and the status of an investigation (e.g., referred, under investigation, closed); (ix) and/or actions WHO is taking (e.g., reinforcing SEAH policies, conducting additional training, imposing restrictions on staff or initiating curfews, designating lists of places "off-limits" to WHO personnel).
Before the completion of an investigation, WHO will normally not release to the public or comment on: (i) the name of the victim/survivor(s) or witnesses or provide information that could help identify them; (ii) the name, grade or title of the alleged perpetrator, ; (iii) information about an ongoing investigation or disciplinary process before completion.

¹⁶ Protection against retaliation is addressed in the *WHO Whistleblowing and Protection against Retaliation Policy and procedures, 2015* until it is replaced by an updated version (i.e., *WHO Policy on Preventing and Addressing Retaliation* which remains under development upon entry in force of this policy).

- 6.5.8. WHO ensures a prompt and effective response to all reports of sexual misconduct. WHO is committed to ensuring procedural fairness and/or due process for all affected parties in cases of alleged sexual misconduct.
- 6.5.9. Investigations into sexual misconduct are guided by international/UN system-wide best practices and human rights standards and managed and conducted by trained investigators, and investigative managers, who understand the impact of trauma and how it affects the victim/survivor and those who have witnessed sexual misconduct.
- 6.5.10. Sexual misconduct may constitute criminal conduct in national jurisdictions. In addition to the reporting and complaint options within WHO, victims/survivors can file a criminal complaint with the local authorities within the timeframe set out in any applicable statute of limitations.
- 6.5.11. Provisions in collaboration agreements or agreements for technical assistance and/or the duties and obligations of WHO staff and collaborators normally require that WHO be informed of any criminal allegations. While criminal charges brought against a WHO staff member for sexual misconduct may require that their functional or diplomatic immunity be waived by the Organization, such requests are usually granted. When criminal complaints are filed, the investigation is normally led by the local authorities and may be carried out in consultation with IOS.
- 6.5.12. All staff members and collaborators who are determined to have committed sexual misconduct will be held accountable through disciplinary measures, including dismissal, summary dismissal, termination or non-renewal of contract, and/or other action.
- 6.5.13. WHO staff and collaborators will be made aware of the Organization's routine use of platforms such as the "ClearCheck" screening database of the United Nations, or other databases or information-sharing mechanisms established to share information across entities of the UN system.
- 6.5.14. Notwithstanding the provisions of the WHO eManual and policies concerning privacy, data protection, and information disclosure, personally identifiable indicators of WHO staff and collaborators against whom reports or complaints of sexual misconduct have been made, along with the status of an investigation (e.g., initial review, investigation initiated, investigation completed, decision rendered), and/or a finding of sexual misconduct, may be released without the consent of the subject of the allegations and on a strictly confidential basis to governments, local authorities, donors and/or partners of WHO in accordance with legal obligations, agreements or inter-agency protocols to which WHO subscribes.
- 6.5.15. Upon conclusion of an investigation, information may be released by WHO, as deemed necessary and appropriate by WHO, to preserve, protect or address the reputation of the Organization and/or for transparency and accountability. Information released by WHO may include the identity of the perpetrator, the nature of sexual misconduct, and the disciplinary measure applied.

6.6. Prevention, non-discrimination, and equality

- 6.6.1. WHO recognizes that prevention of sexual misconduct is of paramount importance and invests appropriate resources to enable effective prevention and mitigation of sexual misconduct and to address underlying drivers of sexual misconduct.
- 6.6.2. WHO is committed to promoting an organizational culture that celebrates diversity, promotes inclusion, and dismantles negative uses of power and privilege as well as discriminatory social norms, gender stereotypes, and gender identity stereotypes that are root causes of sexual misconduct.

- 6.6.3. WHO recognizes that supporting gender equity and equality is of paramount importance to ensuring a workplace that is free from discrimination, harassment, and sexual misconduct.
- 6.6.4. WHO is committed to engaging in education and prevention activities with staff, collaborators, and members of the public in locations where WHO operates.
- 6.6.5. Reflecting its victim and survivor-centred focus WHO will endeavour to ensure that services and resources are available to victims/survivors of sexual misconduct.
- 6.6.6. WHO takes a risk-based approach to addressing sexual misconduct and will ensure that regular and ad hoc risk assessments are conducted and acted upon, and that qualitative feedback is collected to inform future actions and policy guidance.
- 6.6.7. WHO will also ensure that preventing and addressing sexual misconduct is a core function of the Organization's leadership, and an essential one in high-risk contexts such as emergency response operations and in other community-facing programmes.

7. Rights of the parties

7.1. Victims/Survivors of sexual misconduct

- 7.1.1. WHO ensures that the rights, needs, safety, dignity, and well-being of victims/survivors of sexual misconduct remain central to the responsibilities of the Organization, its staff and collaborators, and embedded in all actions, processes, and efforts to prevent and address sexual misconduct
- 7.1.2. WHO promotes the rights of all victims/survivors of sexual misconduct to:
 - Be treated with compassion, dignity, and respect;
 - Be informed about services, resources and avenues of redress within WHO and/or in the locations where WHO operates;
 - Be informed about disclosing, reporting and complaint options and the limits to confidentiality associated with each option;
 - Be accompanied in the complaint and investigation process by one support person (i.e., staff member or a person of their choice), provided that such person is reasonably available, has no conflict of interest (e.g., is not a witness), is willing to keep all information relating to, or arising from, the allegations(s) of sexual misconduct confidential, and will be present only for the purposes of providing emotional support¹⁷;
 - Be provided with assistance in formulating a safety plan (objectives and strategies identified by the victim/survivor to help promote ongoing safety and prevent future incidents);
 - Decide whether to disclose an incident of sexual misconduct, report the incident or file a complaint through the WHO Integrity Hotline and/or to local authorities;
 - Decide whether to access available services and to choose those services they feel will be the most beneficial;
 - Have reasonable and necessary actions taken to prevent further unwanted contact with the subject of the allegations;
 - Provide feedback on their experience to WHO.

7.2. Subjects of allegations of sexual misconduct

¹⁷ The right to be accompanied by a support person does not extend to legal representation or legal advocacy.

7.2.1. WHO respects the rights of its staff members and collaborators who are the subject of allegations of sexual misconduct, including due process, confidentiality, and protection against retaliation. WHO expects these rights to be recognized and respected in a non-judgmental manner in all interactions, including implementation of any administrative measures addressing protection and prevention.

7.2.2. While staff members and collaborators who are the subject of allegations of sexual misconduct are obligated, and expected, to cooperate and participate in an investigation of such allegations¹⁸, WHO recognizes their rights to:

- Be treated with dignity and respect;
- Be informed about services and resources available;
- Be informed about the investigation process;
- Be informed of the allegations against them;
- Be informed of the potential consequences of a finding of sexual misconduct;
- Be provided with the opportunity to respond to the allegations, to propose potential witnesses and to present information and evidence in support of their response, within an established time period;
- Be accompanied during their investigation interview(s) by one support person (i.e., staff member or a person of their choice), provided that such person is reasonably available, has no conflict of interest (e.g., is not a witness), is willing to keep all information relating to, or arising from, the allegations(s) of sexual misconduct confidential, and will be present only for the purposes of providing emotional support¹⁹;
- Not to be considered in violation of the WHO Staff Regulations and Staff Rules, standards of conduct, policies and/or procedures before conclusion of a duly authorized investigation and final determination of the allegations;
- Be protected from retaliation;
- Provide feedback on their experience to WHO.

7.3. Bystanders

7.3.1. WHO considers it everyone's responsibility to intervene to prevent sexual misconduct. Recognizing that in each situation there may be a range of possible intervention strategies, the Organization emphasizes the importance of safe interventions that do not place the bystander or the victim/survivor in danger.

7.3.2. Bystanders who are not affiliated with WHO have the right to report acts of sexual misconduct they witness to IOS (investigation@who.int) or through the WHO Integrity Hotline.

7.3.3. When a bystander is a staff member or collaborator of WHO, they have a duty and obligation to report sexual misconduct to IOS, and to respect and maintain the confidentiality of the process. Staff members and collaborators of WHO have a right to protection against retaliation for reporting an incident of sexual misconduct and for participating in an investigation.

8. Disclosure, Reporting and Complaint Options

¹⁸ The resignation of a subject of allegations of sexual misconduct will not stop an investigation.

¹⁹ The right to be accompanied by a support person does not extend to legal representation or legal advocacy.

8.1. Overview

- 8.1.1. A variety of options are available for victims/survivors to share allegations of sexual misconduct with WHO. As outlined below, victims/survivors who are staff members of WHO may choose to disclose allegations in a medically privileged or confidential setting. All victims/survivors or bystanders, regardless of status, may report allegations, or submit a formal complaint of their allegations directly to IOS, through the WHO Integrity Hotline, or via established internal mechanisms. Reports and complaints made to IOS through the WHO Integrity Hotline can be made on an anonymous basis.

8.2. Confidential Disclosure Option for Staff Members of WHO

- 8.2.1. As victims/survivors or bystanders, WHO staff members may choose to disclose sexual misconduct, on a confidential or medically privileged basis, to staff members of WHO whose functions require confidentiality and are designed to provide physical, mental, or emotional support and guidance. Such functions include the positions within the Office of Staff Health and Wellbeing Services, Staff Counsellors, and positions within the Office of the Ombudsperson and Mediation Services²⁰.
- 8.2.2. Confidential or medically privileged disclosures made by WHO staff members to the Offices of Staff Health and Wellbeing Services or the Ombudsperson and Mediation Services are subject to professional oaths and standards of practice which apply to their functions in WHO and prevail in situations of inconsistency with their general obligations as staff members of WHO. While such disclosures do not necessarily trigger a report to IOS, they may lead to referral, and/or measures of protection or prevention.
- 8.2.3. Disclosures of allegations of sexual misconduct to any other staff member or collaborator of WHO, however, are subject to mandatory reporting requirements and must be reported to IOS. Such disclosures may lead to an investigation and referral of the victim/survivor for guidance and support to the Survivor Care Officer or a Focal Point for Sexual Misconduct.

8.3. Reporting Option

- 8.3.1. A victim/survivor may choose to confidentially and/or anonymously report sexual misconduct to IOS directly (investigation@who.int) or through the WHO Integrity Hotline, with the support of a Focal Point for Sexual Misconduct if desired, to ensure that a formal record of the allegations is created. Reports may be made by phone, through the electronic platform of the WHO Integrity Hotline, or in person. The victim/survivor may expressly indicate their wishes not to engage in an investigation at that time and in the absence of further contact. Similarly, bystanders reporting perceived acts of sexual misconduct that they witness, have knowledge of, or where they perceive a specific pattern of sexual misconduct which they believe is creating a hostile working environment may expressly indicate any concerns for the safety and wellbeing of the victim/survivor in their report.

²⁰Communications made to the Ombudsperson are not considered formal notice to the Organization. The Ombudsperson does not act as agent for the Organization and does not accept notice or acknowledge receipt of allegations of misconduct on its behalf. However, the Ombudsperson may refer individuals to IOS or to the WHO Integrity Hotline, where formal acknowledgment of receipt of allegations of misconduct will be provided.

- 8.3.2. Records of reports will be included in aggregate data reporting. The record may also be used by the victim/survivor to submit a formal complaint at a later date.
- 8.3.3. Where there are recurring confidential reports of sexual misconduct involving the same staff members, collaborators, or events, or where there is an imminent risk of harm to the victim/survivor or others, IOS will initiate an investigation after informing the victims/survivors whose identities are disclosed or ascertained by IOS. The Director-General may request IOS to investigate allegations or reports of sexual misconduct that are brought to his/her attention by any means.
- 8.3.4. In accordance with paragraph 6.3 above, IOS will maintain the confidentiality of those who have reported the misconduct, unless circumstances exist where disclosure is necessary.
- 8.3.5. Victim/Survivors will be informed that there may be greater limits to protective measures without a formal complaint.

8.4. Complaint Option

- 8.4.1. While complaints may also be made orally, victims/survivors or bystanders can make a formal written complaint²¹, of sexual misconduct to IOS, through the WHO Integrity Hotline or directly to investigation@who.int, or they can initiate a formal complaint through established internal mechanisms in WHO²². The submission of a written complaint automatically triggers formal procedures within IOS, which may lead to an investigation, disciplinary and/or legal proceedings. Victims/Survivors who wish to submit a complaint are encouraged to contact the Survivor Care Officer or a Focal Point on Sexual Misconduct to discuss the options available and for victim/survivor assistance and support.
- 8.4.2. It is important for victims/survivors who choose to forego submission of a complaint in writing to understand that the absence of a finding of wrongdoing against the subject of their allegations may limit the scope of possible measures of prevention, protection and/or remedy.
- 8.4.3. Victims/Survivors have the right to withdraw a complaint at any stage of the process. WHO may, however, continue to act on the issue identified in the complaint in order to comply with its duties and obligations under this policy, the Staff Regulations and Staff Rules, and/or international law standards. Withdrawal of a complaint of sexual misconduct at any stage does not impact any right to protection against retaliation in respect of any of the parties involved.

²¹ While complaints can be submitted on an anonymous basis, to facilitate assessment and support they should be as detailed as possible and include the following information, if known: (i) name(s) of the alleged victim/survivor(s); (ii) name(s) of the alleged offender(s) and their position(s)/title(s) within WHO; (iii) names of witness(es), if any; (iv) date(s) and location(s) of the incident(s); (v) description of events; (vi) date of the submission of the complaint; and, (vii) any other relevant information, including documentary evidence, if available.

²² For the purposes of this policy, internal established mechanisms for reporting allegations of sexual misconduct may include: the Ethics Unit, the Survivor Care Officer at Headquarters or Focal Points appointed to receive reports of sexual misconduct within the Department of Prevention and Response to Sexual Misconduct in the field (collectively referred to hereinafter as PRS); supervisors; the head of a Department or Office concerned; or, the Department of Human Resources and Talent Management (HRT).

8.5. Informal Resolution Option for Sexual Harassment

- 8.5.1. Victims/Survivors of sexual harassment may also choose to explore informal resolution mechanisms and resources.²³ Efforts to informally resolve allegations of sexual harassment will not impact other options for disclosing, reporting and/or submitting a formal complaint of sexual harassment, as described above.
- 8.5.2. As informal resolution mechanisms are incompatible for allegations of sexual exploitation and sexual abuse, allegations falling within the scope of any of these terms, as defined in this policy, must be reported to IOS, and formally addressed in accordance with this policy.

9. Complaint, Investigation and Disciplinary Processes

- 9.1. WHO shall be guided by the principles of fairness and due process in dealing with all allegations of sexual misconduct. As such, the subjects of allegations will be informed of the allegations against them and given the opportunity to provide supporting information and evidence, including by suggesting the names of persons to be interviewed, and to respond to the allegations and/or charges of misconduct. Victims/survivors will be given the opportunity to provide supporting information and evidence, including by suggesting the names of persons to be interviewed. All parties will be informed of progress, including the expected time frame for completion of the investigation, and of the outcome of actions or processes that concern them.
- 9.2. In the case of staff members, Article X of the Staff Regulations and Sections 10 and 11 of the Staff Rules set out the provisions for notification of charges and disciplinary measures.
- 9.3. In cases where an investigation is initiated, IOS will appoint an investigator who is specially trained in dealing with allegations of sexual misconduct. Investigations of allegations of sexual misconduct are prioritized and aim to meet the benchmark of 120 days from initiation to completion of an investigation. WHO further aims to meet the benchmark for conclusion of a disciplinary process within 60 days of receipt of a reply to a notification of charges of sexual misconduct from the subject.²⁴
- 9.4. Information concerning the investigation and disciplinary processes is provided in the Section III.11 of the eManual.
- 9.5. Where an investigation concludes that allegations of sexual misconduct are not substantiated, the need for any preventative and mitigation measures within the relevant duty station or programme will be considered in the determination of the case and/or within the scope of monitoring and evaluation interventions (section 14 below), as appropriate.

10. Protection against Retaliation

²³ Informal resolution mechanisms and resources are set out in Section III.7 of WHO's Preventing and Addressing Abusive Conduct, Policy and Procedures, 1 March 2021.

²⁴ Benchmarks remain subject to factors outside of the Organization's control or the complexity of investigation. Being solely aspirational, benchmarks do not constitute internal deadlines for investigations or the disciplinary process.

10.1. Retaliation against staff members or collaborators who have, in good faith, reported allegations of misconduct, or who have cooperated with a duly authorized audit or investigation, is strictly prohibited by WHO. Retaliation violates the fundamental obligations of all staff members to uphold the highest standards of efficiency, competence, and integrity and to discharge their functions and regulate their conduct with the interests of WHO only in view. Such action also violates the contractual obligations of collaborators to comply with WHO policies and to take appropriate measures to prevent, respond, and take corrective action concerning any violations of the standards of conduct described therein by their employees and any other persons engaged by collaborators to perform any services under their agreement with WHO.

10.2. Retaliation itself constitutes misconduct and any WHO staff member or collaborator who engages in retaliation may be subject to disciplinary measures or other applicable sanctions.

11. False or Vexatious Complaints

11.1. If an individual, in good faith, reports or submits a complaint of sexual misconduct that is not supported by evidence gathered by IOS during an investigation, the complaint will be dismissed. False complaints that are found, following assessment by IOS, to have been made knowingly and deliberately, or with a reckless disregard for the truth of the statements therein, may result in sanctions and/or disciplinary action against the complainant.

12. Multiple Proceedings and Referral to National Authorities

12.1. Where criminal, civil proceedings and/or administrative proceedings are commenced in respect of allegations of sexual misconduct, WHO reserves the right to conduct its own independent investigation into such allegations, or to defer its investigation. Without prejudice to the privileges and immunities of WHO and its staff members, WHO will cooperate with law enforcement agencies in criminal investigations of allegations of sexual misconduct.

12.2. The Director-General may, at any point in time, decide to share information with or refer a case to national authorities, including law enforcement agencies, for review and/or action as those authorities see fit.

13. Roles and Responsibilities

13.1. Individual responsibilities of WHO staff and collaborators

13.1.1 Preventing sexual misconduct requires a commitment by all WHO staff members, collaborators and individuals engaged by collaborators, to: stay informed; set a good example; take action to report; do no harm; respect confidentiality; and, always remember that the WHO standards of conduct prevail. These responsibilities include:

- Staying informed about this policy and related policies and procedures;
- Attending mandatory induction and training opportunities related to preventing and responding to sexual misconduct;
- Always setting a good example in line with this policy and the WHO Code of Ethics and Professional Conduct;
- Promoting a respectful work environment;

- Not engaging in, or encouraging others to engage in, sexual misconduct and commit to zero tolerance of such behaviour;
- Being alert to the possibility of sexual misconduct occurring, understanding that anyone can experience sexual misconduct;
- Taking prompt action whenever sexual misconduct is suspected or identified. Reporting all allegations of sexual misconduct to IOS directly (investigation@who.int), or through the WHO Integrity Hotline;
- Reaching out for support and guidance from the Survivor Care Officer at Headquarters or from Focal Points for Sexual Misconduct in regional and country offices;
- Keeping the safety and wellbeing of the victim/survivor at the forefront of all actions;
- Respecting the confidentiality of the victim/survivor, the subject of the allegations and the process itself;
- Self-reflecting regularly on any internal and unconscious bias that may be perceived as inconsistent with the standards of conduct and principles of non-discrimination, gender-inclusiveness and gender equality;
- Recalling that WHO staff and collaborators are always held to the standards of conduct of WHO, notwithstanding any culture, customs, or laws that may not be aligned with the Staff Regulations and Staff Rules of WHO, its policies and procedures.

13.1.2. As bystanders to sexual misconduct, staff members²⁵ or collaborators who are made aware of allegations of sexual misconduct by a victim/survivor have specific responsibilities to:

- Make the victim/survivor aware of this policy;
- Provide the victim/survivor with the contact information to the WHO Integrity Hotline;
- Inform the victim/survivor that, as staff members or collaborators of WHO, they are required to report any disclosure or knowledge of allegations of sexual misconduct to IOS themselves, whether or not the victim/survivor should choose to submit a report or complaint to IOS; and,
- Promptly report the allegations shared with them to IOS (investigation@who.int) or through the WHO Integrity Hotline.

13.2. Managers and Supervisors

13.2.1. In addition to their responsibilities as staff members of WHO, managers and supervisors must demonstrate their commitment to creating an environment which prevents and addresses sexual misconduct by:

- Implementing and reinforcing this policy, including by communicating clearly and regularly their commitment to zero tolerance for sexual misconduct and for inaction against it;
- Upholding and promoting the duty to report sexual misconduct;
- Acting as role models with consciousness of the power their position holds;
- Treating all colleagues with courtesy and respect;
- Respecting confidentiality;
- Maintaining an open dialogue within their units and regularly communicating the content of this policy, and related policies and

²⁵ As addressed in paragraph 8.2, above, disclosures made to staff members serving in Staff Health and Wellbeing Services, as Staff Counsellors, or in the Office of the Ombudsperson and Mediation Services remain subject to the professional obligations of medical privilege and confidentiality, as applicable. As such, the obligations imposed by the respective professional oaths and standards of practice applicable to these staff members shall override the provisions of this section to the extent of any inconsistency.

procedures;

- Reinforcing that WHO staff and collaborators are held to the standards of conduct of WHO, notwithstanding any culture, customs, or laws that may not be aligned with the Staff Regulations and Staff Rules of WHO, its policies and procedures;
- Ensuring that the learning objectives of teams and staff members under their supervision are met;
- Ensuring that all induction training and mandatory training related to sexual misconduct is completed by themselves and those they supervise;
- Creating an atmosphere in which staff members and collaborators feel free to express concerns about inappropriate behaviours;
- Familiarizing themselves with resources and victim/survivor support services readily available;
- Contributing to assessments of sexual misconduct risks and developing related mitigation plans as required by the Organization, and/or in collaboration with national governments or partners within the UN system;
- Collaborating and facilitating inter-agency efforts and initiatives to prevent and address sexual misconduct.

13.2.2. These expectations shall form part of selection and appointment processes and performance management.

13.3. Organizational Responsibilities of WHO

13.3.1. Duty to engage and provide access to information and resources

13.3.1.1 Sensitive and timely communication with victims/survivors is central to WHO's first response to allegations of sexual misconduct. With designated Focal Points for Sexual Misconduct in the field and a dedicated Survivor Care Officer at Headquarters, access to a network of Focal Points for WHO and other organizations of the United Nation system, and drawing on in-country and organizational referral networks and resources, WHO will ensure access to support services, guidance and assistance to victims/survivors.

13.3.1.2 To facilitate this support and communication, WHO will:

- Provide the funding required to support victims/survivors of sexual misconduct allegedly perpetrated by WHO staff or collaborators, as well as children who are born as a result;
- Promote the engagement of other United Nation system organizations and ensure referral of allegations of sexual misconduct perpetrated by their personnel and received by WHO;
- Provide funding for activities implemented under the supervision of WHO or in partnership with an international or non-governmental organization (e.g., UN Victims Rights Officers), to assess current medical, psychological, legal, socioeconomic and reintegration needs of victims/survivors and to examine the needs of children born as a result of sexual misconduct;
- Require every Head of Office to appoint or designate at least one Focal Point for Sexual Misconduct on a part-time basis (i.e., 50% FTE minimum) to support the implementation of this policy under the overall leadership of PRS, including coordination with the overall (PASM) management system. For offices with three personnel or less, support for implementation of this policy may be supplemented by the Regional Office, subject to the approval of the Regional Director and Director, PRS;
- Ensure that designated staff members who are knowledgeable about sexual

misconduct raise awareness of this policy and support services that are available to staff, collaborators and to members of the public in locations where WHO staff and/or collaborators operate;

- Ensure that designated staff members are responsive to the needs of victims/survivors and that they respond in a timely and compassionate fashion;
- Ensure that victims/survivors are provided with reasonable updates about the status of IOS investigation to allegations of sexual misconduct;
- Include on the public WHO website, the contact information for the WHO Integrity Hotline and the Department of Prevention and Response to Sexual Misconduct;

13.3.2. Protection

13.3.2.1 WHO understands that victims/survivors may wish to control whether or how their experience will be dealt with by WHO and/or local authorities. Wherever possible, and subject to WHO's legal obligations to investigate or take action, a victim/survivor will retain this control.

13.3.2.2 For child victims/survivors of sexual misconduct, special attention and care will be taken to assess the legal obligations and actions of WHO in accordance with the "best interests of the child".²⁶

13.3.2.3 Access to victim/survivor support does not depend upon the cooperation of a victim/survivor with an investigation. Victims/survivors can determine if, when and how they wish to participate in an investigation process.

13.3.2.4 WHO has a duty to ensure that complaints of sexual misconduct against members of its staff and collaborators are addressed. WHO also has a responsibility to reduce risks to staff, collaborators and to members of the public in locations where WHO staff and/or collaborators operate when a report of sexual misconduct is received. For example, when the safety of the work environment or community WHO operates is believed to be at risk, WHO reserves the right to initiate an internal investigation and/or to inform national police/authorities of the need for criminal investigation, even without the victim/survivor's consent.

13.3.2.5 Notwithstanding the absence of a formal complaint, WHO has the obligation to ensure that action is taken on information that suggests, for example:

- an incident or a pattern of behaviours damaging to the work climate and well-being of staff, collaborators, or members of the public in locations where WHO staff and/or collaborators operate; and/or,
- behaviour of a staff member or collaborator that poses a clear and ongoing threat to others.

13.3.2.6 The actions of WHO may include investigation by IOS or in collaboration with IOS, sanctions or disciplinary action, and referral to external bodies such as another organization of the UN system, national or local authorities.

²⁶ The principle of the "best interests of the child" is described in the [Convention on the Rights of the Child](#), New York, 11 November 1989 (accessed 12 February 2023). A variety of individual circumstances determine the well-being of a child, including age, gender, level of maturity, experiences, as well as other factors such as the presence or absence of parents, the quality of the relationships between the child and the family/caretaker, the physical and psychosocial situation of the child, and their protection situation and risks.

- 13.3.2.7 Where a complaint of sexual misconduct has been submitted to IOS, WHO will exercise care to protect and respect the rights and privacy of both the victim/survivor and the subject of the allegations. Any information released prior to conclusion of an investigation, will be limited to information of a general nature.²⁷ WHO will normally not release to the public, nor comment publicly on: (i) the name(s) of the victim/survivor(s) or witnesses or provide information that could help to identify them; (ii) the name, grade or title of the subject of the allegations, their Department or Unit prior to conclusion of an investigation; and, (iii) information about an ongoing investigation or disciplinary process before completion.
- 13.3.2.8 Communications to national or international partners, and/or to members of the United Nation's system regarding any administrative arrangements which are necessary for operational or programmatic purposes, however, may be issued subject to advance review and approval by the Director-General.
- 13.3.2.9 The entry of data into relevant platforms such as the "ClearCheck" screening database of the United Nations will be undertaken in accordance with established practice.

13.3.3. Training

- 13.3.3.1 WHO will strive to provide proactive, sustained, and multifaceted information, capacity building and learning opportunities on sexual misconduct to staff and collaborators.
- 13.3.3.2 IOS investigators will receive specialized training, and sexual misconduct response will be led by individuals with specific training in dealing with victims/survivors of sexual misconduct.
- 13.3.3.3 Focal Points for Sexual Misconduct and the Survivor Care Officer will be required to follow continuous learning on the topic, both certified and uncertified.

13.3.4. Education and Prevention

- 13.3.4.1 WHO staff and collaborators are encouraged to contribute to the prevention of, intervention in and effective response to sexual misconduct, and to play a role in building a safe work environment by:
- Learning about sexual misconduct, including by participating in learning opportunities and information campaigns;
 - Modelling healthy and respectful behaviour in personal and professional relationships;
 - Speaking out against behaviour that encourages sexual misconduct and assault, such as sexism, ableism, racism, homophobia, transphobia or any other discriminatory behaviour;

²⁷ Prior to the conclusion of an investigation, WHO may release information, such as: (i) the nature of the allegation(s); (ii) the date(s) of the alleged incident and of the complaint; (iii) age, gender and number of victims/survivors; (iv) whether victim/survivor assistance has been offered and if so, provided (e.g., medical, psychosocial, legal, protection, shelter, referral services or through a Trust Fund project); (v) the country where the alleged incident occurred, but not a specific location; (vi) the general category of perpetrator (e.g., international or local staff member, collaborator or third party); (vii) whether the matter has been referred for investigation and the status of an investigation (e.g., referred, under investigation, closed); (ix) and/or actions WHO is taking (e.g., reinforcing SEAH policies, conducting additional training, imposing restrictions on staff or initiating curfews, designating lists of places "off-limits" to WHO personnel).

- Speaking out against behaviour that discourages reporting or the pursuit of a complaint, such as racism and sexism, the perpetuation of myths and victim/survivor-blaming, and joking about sexual misconduct and gender inequality;
- Developing the skills necessary to be an effective and supportive ally to victims/survivors;
- Intervening in situations that could lead to sexual misconduct;
- Intervening to prevent sexual misconduct when it is safe to do so.

13.3.4.2 In addition, WHO will:

- Promote gender-inclusive and coordinated programming that addresses both the root causes and consequences of sexual misconduct;
- Review and update all partnership agreements and contracts with collaborators to reflect the values, principles and standards of WHO;
- Clearly communicate WHO's Zero tolerance for sexual misconduct in all vacancy notices, implement robust recruitment and selection processes, and cross-reference all new staff and collaborators with relevant platforms, including the United Nation's "ClearCheck" database, and integrate prevention and response to sexual misconduct in onboarding and induction processes;
- Engage with inter-agency working groups of the United Nation system to continue to harmonize practices and consolidate information on best practices and measures to prevent and address sexual misconduct.

13.3.5. Transparency and Accountability

13.3.5.1 As a key element of WHO's victim/survivor-centric focussed, human-rights based approach described in section 6 above, the Organization promotes transparency as an important factor to build trust and ensure accountability. With due regard for confidentiality and due process, and in addition to the measures listed in paragraphs 6.4 and 6.5 above, WHO will:

- Maintain a webpage dedicated to the Prevention of Sexual Misconduct that can be easily accessed through the public WHO website;
- Ensure collaboration and compliance with United Nations' inter-agency reporting obligations;
- Include in the PRS annual report to the World Health Assembly information on WHO's efforts to prevent and respond to sexual misconduct;
- Include in the IOS annual report to the World Health Assembly, aggregate data on reports and complaints of sexual misconduct;
- Include in the HR annual report to the World Health Assembly aggregate data on complaints and disciplinary action regarding sexual misconduct.

14. Monitoring and Evaluating Interventions

14.1.1. WHO will undertake a systemic approach to monitoring and evaluating its policies, protocols, and practices to ensure that they are up-to-date and responsive to evolving operational needs. In the event of any inconsistency between the provisions of this policy and other policies of WHO, this policy shall prevail. This will include periodic evaluations of this policy and associated training and learning activities.

14.1.2. WHO will strive to ensure a safe and secure work environment by conducting periodic audits that identify potential safety risks in operational areas and that include assessments of staff views regarding sexual misconduct in WHO.

14.1.3. Audits, evaluations, and assessments, including qualitative feedback, will be used to address identified gaps in policies, support, training and learning activities.

15. WHO Governing Framework

15.1.1. The following WHO documents provide related material and should be read in conjunction with this policy. As the framework develops, links to the policies and references below will be updated accordingly.

- [WHO Staff Regulations and Staff Rules](#)
- [WHO Policy on Preventing and Addressing Abusive Conduct, March 2021](#) (revision pending)
- [WHO Code of Ethics and Professional Conduct, 2017](#) (revision pending)
- [WHO Whistleblowing and Protection against Retaliation Policy and Procedures, 1 April 2015](#) (revision pending)
- WHO Legal Framework for Addressing Non-Compliance with Standards of Conduct (under development)

15.1.2. The provisions of this policy shall prevail to the extent of any inconsistency with other policies of WHO.

16. Glossary

Bystander - is a person who has witnessed sexual misconduct or has knowledge of sexual misconduct.

Child - is a human being below the age of eighteen years.

Coercion - is the use of emotional manipulation, blackmail, threats to family or friends, or the promise of rewards or special treatment in order to persuade an individual to do something the individual does not wish to do, such as being sexual or performing sexual acts.

Collaborators - individuals who have any form of contractual relationship with WHO, such as (i) temporary advisers, those serving with WHO under a Special Service Agreement (SSA) or Agreement for Performance of Work (APW), consultants, interns, volunteers, and those holding a UNOPS Individual Contractor Agreement (ICA); (ii) third party entities such as vendors, contractors, grant recipients, and technical partners; (iii) other entities and individuals who receive WHO funds, execute a project or perform any other work or activities in the name of, or for the benefit of, WHO; and, (iv) others in official and formal relations with WHO, including those operating as a WHO Collaborating Centre. Due to the particular vulnerability of members of the local population where WHO provides public health assistance in the context of an emergency operation, however, the term “Collaborators” may be interpreted to include such individuals who voluntarily engage in a protected activity in good faith notwithstanding the absence of an established employment relationship.

Community-Based Complaints Mechanisms - refers to trusted channels through which members of the public in locations where WHO staff and/or collaborators operate can safely report complaints and seek help.

Complaint vs Report vs Disclosure of Sexual Misconduct Options - refers to three options available to victims/survivors in making allegations of sexual misconduct. Reflecting its victim-centred focus, victims/survivors who are staff members of WHO may choose to confidentially **disclose** allegations without necessarily triggering an obligation to report in a medically privileged environment with Staff Health and Wellbeing Services or a Staff Counsellor, or in a confidentially protected environment with the Office of the Ombudsperson and Mediation Services. Alternatively, or at a later date, victims/survivors and bystanders, regardless of status, may choose to **report** sexual misconduct (by phone, in writing, or in person) and may express any concerns regarding the safety and well-being of the victim/survivor, to ensure that an allegation is on record. In the further alternative, or at a later date, victims/survivors and bystanders, regardless of status, may choose to file a formal written **complaint** with IOS directly or via the WHO Integrity Hotline. The reporting and complaint options trigger an initial review by IOS, on a priority basis, to determine if an investigation of the allegations should be initiated.

Consent - is the voluntary agreement and willing participation in sexual activity, from an individual **who is 18 years of age or more** and has the mental capacity to understand the nature, purpose, and consequences of a decision to participate in sexual activity. An individual must actively and willingly give consent to sexual activity. Consent must be informed, freely given and continuous. Sexual activity without consent is sexual assault. The following are some factors relating to consent:

Consent:

- Is never assumed or implied
- Is not silence or the absence of “no”
- Cannot be given by an individual who is incapacitated by alcohol or drugs or is asleep or unconscious
- Can never be obtained through threats, coercion, or other pressure tactics

- Can be revoked at any time, regardless of any other sexual activities that have taken place
- Is not valid if the perpetrator abuses a position of trust, power, or authority (i.e., for members of the public in locations where WHO staff and/or collaborators operate)
- Cannot be assumed from previous consent to similar activities

The consumption of alcohol or drugs does not provide any excuse from obtaining consent.

Focal Point for Sexual Misconduct - is a WHO staff member or collaborator who has been identified for work on the prevention of and response to sexual misconduct in WHO Country Offices and may be the first point of contact for victims/survivors of sexual misconduct in the field responsible for receiving and referring allegations of sexual misconduct to IOS, and for the provision of victim/survivor support and services.

Force - is the use of physical violence and/or imposing on an individual physically to gain sexual access to that person. Force also includes threats of harm to oneself or others, intimidation and/or coercion to overcome resistance.

Incapacity - is a state in which individuals cannot make rational decision because they lack the ability to give consent (to understand the 'who, what, when, where and why' of their sexual interaction). Sexual activity with an individual who one knows to be, or based on circumstances should reasonably have been known to be, mentally or physically incapacitated (by drug or alcohol use, sleep, unconsciousness or a blackout) constitutes sexual assault. The initiator of sexual activity should always err on the side of assuming an individual to be incapacitated, rather than risk committing sexual assault. Evidence of incapacitation may include, but is not limited to:

- Slurred speech
- Bloodshot eyes or dilated pupils
- The smell of alcohol on one's breath
- Shakiness
- Vomiting
- Unusual/strange behaviour
- Being asleep or unconscious.

Integrity Hotline - accessible free via international telephone numbers, a web-tool, and mobile access. The WHO Integrity Hotline is managed by WHO's Internal Oversight Services, providing a safe and independent mechanism to report any concerns about issues involving WHO or other partners. Information about, and access to, the Hotline is available here <https://www.who.int/about/ethics/integrity-hotline>.

IOS - refers to WHO's Internal Oversight Services. IOS is mandated to conduct investigations of allegations of sexual misconduct.

PRS - refers to the Prevention and Response to Sexual Misconduct (PRS) Department.

SCO - refers to the WHO Survivor Care Officer based at Headquarters, within the PRS Department. The SCO provides monitoring and coordination of the provision of assistance and support to victims/survivors of sexual misconduct implemented by Focal Points for Sexual Misconduct in the field.

Sexual exploitation - is the actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual abuse - is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

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. Sexual harassment may involve any conduct of a verbal, non-verbal or physical nature, including written and electronic communications, and may occur between persons of the same or different genders.

Sexual misconduct - is an all-inclusive term used by WHO to address all forms of prohibited sexual behaviour by staff members or collaborators towards colleagues or members of the public in locations where WHO staff and/or collaborators operate. The term includes any sexual activity with children (i.e., persons under 18 years of age) regardless of the age of majority or consent under national legislation. Sexual misconduct encompasses all behaviour characterized as sexual exploitation, sexual abuse, and sexual harassment by staff members or collaborators towards colleagues or members of the public within locations where WHO staff and/or collaborators operate.

Stalking or cyber harassment - involve behaviours that occur on one or more occasion and which instil fear in an individual and/or threaten the individual's safety or mental health. Stalking can also include threats of harm to the individual's friends and/or family.

Subject of allegations - is a staff member or collaborator of WHO accused of engaging in act(s) of sexual misconduct.

Victim/Survivor - the person who identifies their experience as being, or having been, sexually exploited, abused, or harassed.

Victim/Survivor-centric or Victim/Survivor-centred - placing the rights, needs, safety, dignity, and well-being of the victim/survivor at the centre of all preventative and responsive measures concerning sexual misconduct.

Voyeurism - is secretly observing (including in person or by mechanical or electronic means) or making a visual recording (including photographs, film, or video recording) of a person who is in circumstances that give rise to a reasonable expectation of privacy.