

Terms of Reference for the Sexual Misconduct Exploitation and Abuse and Sexual Harassment Prevention and Response Task Team (PRSEAH Task Team)

Revised February 2023

1. Purpose

To develop a single, unified organizational culture and institutional capacity that works to prevent, identify, and respond to sexual exploitation and abuse and sexual harassment (SEAH) – also referred to collectively as sexual misconduct (SM) -, supported by robust policy, reporting and accountability platforms and procedures, and stronger partnerships across all levels of the Organization and the broader UN-system.

A Note on Terminology

From 2023, WHO is shifting to the use of the umbrella term, “Sexual Misconduct (SM)” to refer collectively including, but not limited to sexual exploitation and abuse (SEA), sexual harassment (SH); and sexual violence. We make this shift so that there is no doubt that the policy and our zero tolerance refers to prohibited sexual behavior by our own personnel and implementing partners, regardless of the statuses of the victim and survivor.

The term is fully explained in the WHO Policy on preventing and addressing sexual misconduct (PASM policy). We will use the terms SM and SEAH interchangeably.

PRS refers to the Prevention of and Response to Sexual misconduct. It is both an area of work used interchangeably with PRSEAH, and the name of the Department that coordinates the work in the Office of the Director General (the PRS Department). WHO acknowledges that the IASC and UN use the term “Protection from sexual exploitation and abuse (PSEA)” and will remain flexible as needed.

2. Functions

The Task Team will have the following functions:

A. Coordination and Coherence

1. Coordinating WHO organization-wide efforts on the prevention of and response to sexual misconduct (PRS), including development of and overseeing the implementation of a the WHO’s Three-Year Strategy, and the corresponding 3-level PRSEAH workplan and budget;
2. Promoting mainstreaming, integration and coherence of PRS issues across all levels of WHO and across all WHO strategies, policies and programmes;
3. Guiding the development and overseeing the implementation of a comprehensive set of end-to-end PRSEAH policies, procedures and capacity building and implementation tools-
4. Ensuring that the respective Regional, Departmental and Programme Directors and leadership are regularly consulted and briefed on relevant issues.

5. Strengthening staff engagement with PREASH issues through effective and innovative internal communication in collaboration with communications experts on the progress of the workplan implementation.

B. Re-focus on a victim-survivor-centred approach

6. Advancing a victim- and survivor-centred approach to PRS throughout the Organization and adopting a case-management model for ensuring joint cross-departmental/unit collaboration and problem-solving;

7. Ensuring that minimum PRS safeguarding measures are in place at all levels of the organization, including in our operations, ensuring easy access to reporting mechanisms and providing support to survivors of SEAH;

C. Scale up and strategy

8. Providing advice to the Director-General, the Global Policy Group and broader WHO senior management on all matters related to PRSEAH, which is based on WHO values, evidence and current good practices, aligned with broader United Nations positions and policies, recommendations from the Independent Commission¹, Member States and Governing Bodies² and adapted to changing organizational and regional contexts;

9. Mapping and regularly reviewing the WHO-wide architecture and activities related to PRS, and advising on the optimal organizational structure and programme design for delivering a comprehensive and sustainable organization-wide response;

10. Monitoring trends in SM in the Organization and the effectiveness of WHO's response, including promoting adequate data collection and documentation of SEAH;

11. Contribute to the development of annual implementation plans of the WHO's Three-Year Strategy for prevention and response to sexual misconduct;

D. Strengthen human capacity

12. Facilitating the strengthening of WHO organization-wide PRS-specific expertise and overseeing a WHO-wide human resource plan for PRS, including strengthening of networks of PRS coordinators and focal points in emergency settings, and dedicated PRS experts in relevant technical and accountability units and departments in headquarters and in Regional and Country offices;

13. Overseeing organization-wide capacity building of all WHO personnel on PRS issues, including through mandatory UN and agency-specific PRSEAH/PRS training, leadership and change-management training, and learning for changing organizational culture based on the WHO Values

¹ <http://who.int/publications/m/item/final-report-of-the-independent-commission-on-the-review-of-sexual-abuse-and-exploitation-ebola-drc>

² Reports and recommendations are available at the following link: <https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment>

Charter; using blended learning approaches based on a competency-based approach, and providing refreshers and continuous learning opportunities;

E. Engaging with the UN system and external stakeholders

14. Optimizing collaboration and engagement with key external partners and networks and civil society relevant to PRS/PSEA/PRSEAH matters, such the Inter-Agency Standing Committee;
15. Creating a platform for cross-agency learning and drawing on the expertise of Member States and partners to strive for best-in-class solutions, including drawing on the expertise of safeguarding units and equivalents;
16. Integrate and implement within WHO recommendations of external independent advisory bodies such as the IOAC, IEOAC, and other mandated external entities;
17. Contribute to the strategic communication by framing and constructing narrative on the progress in a coordinated manner to convey the key messages of the impact of the implementation of a WHO 3-level PRSEAH workplan and budget to the external stakeholders;
18. Provide guidance and support for additional resource mobilization for the implementation of a WHO 3-level PRS workplan including for community-facing programmes and response operations;

F. Accountability and transparency

19. Overseeing WHO actions to promote transparency, accountability and regular reporting on PRS, including: monitoring and reporting on implementation of relevant WHO governing body decisions and resolutions, internal and external evaluations, and recommendations of independent advisory bodies; quarterly reporting to Member States on PRS matters; annual reporting to the World Health Assembly on PRSEAH/PRS matters; and reporting to donors and partners in line with donor and partner agreements;
20. Ensuring accurate and timely WHO internal and external communication on PRS, including sharing of relevant information with the WHO workforce, quality control of external publications and communication and monitoring and analysis of external media, partner and other communications

3. Structure and management

The PRSEAH Task Team will be comprised of:

- 3.1. Task Team Secretariat (SEC): Headed by The Director of the Prevention and Response to Sexual Misconduct Department (PRS) and her team, in the Office of the Director-General. The Secretariat manages the day-to day operations of the Task Team and supports implementation of the Task Team work and reports to the Director-General through the Chef de Cabinet.
- 3.2. Task Team (TT): Consisting of representatives from HQ and Regional Office units and departments with direct responsibility for implementing major PRSEAH/PRS functions and activities, including business owners of components of the PRS workplan. This includes senior representatives of accountability functions and enabling/technical departments/offices (including

IOS, CRE, HRT, LEG, EXT, DCO, OMB, EVL), the WHO Health Emergencies Programme, the Polio Eradication Initiative, and representatives nominated by all six Regional Directors including Heads of WHO Country offices, as well as all six regional PRSEAH Coordinators. The Core Task Team is responsible for the effective roll-out of the Three-year strategy¹ and meets on a monthly basis.

The following groups will interact and coordinate with the Task Team

3.3. Advisory group (AG): Consisting of a broader network of individuals representing units and departments across the three levels of the organization that have significant engagement/expertise in issues related to PRSEAH. This includes, but is not limited to, representatives from relevant technical units (e.g. GER, HWF, MSD), WHO Staff Association, Staff Health and Welfare, Regional Offices and Country Offices, (including WHO Country Representatives); and staff representation; and support services (SHW). They provide broad advice on implementation of the PRS workplan and other activities, inform the Task Team of relevant issues, facilitate dissemination and uptake of WHO PRS policies, procedures, guidance and information and support implementation and capacity-building efforts. They meet quarterly and on an ad hoc basis as needed.

3.4 Working group on victims and survivor-centered approach (WG): a group of technical and programmatic experts from across WHO to advise on shifting WHO to a victim- and survivor-centered approach (VSCA). This WG will be co-chaired by the DIR/GBV and work closely with the Task Team secretariat. The WG will provide expertise and source external experts to frame and implement VSCA, including a set of recommendations to help the Organization adopt a meaningful VSCA, from policy to practice. It will also develop the ToRs for the WHO survivor Assistance Fund (SAF) set up by the Director-General to provide assistance to victims and survivors of SEA. The WG will update progress to the Task Team every quarter at minimum.

3.5 The global network of WHO personnel (PRS-NET): assigned part-time or full time with PRSEAH functions in Country Offices, Regional Offices, Outposted Offices and HQ.

4. Membership

4.1. Members of both the Task Team and Advisory Group are appointed to represent their respective unit, office or department and decided by the respective head of unit/office/department. Advisors are invited to provide inputs on an ad hoc basis as needed.

4.2. See Annex 1 for list of Task Team Members.

5. Task Team outputs

The Task Team is responsible for providing support to the PRS Department in the Office of the Director General for delivering the following outputs:

4.1. WHO three-level PRS workplan and budget; and provide inputs for resource mobilization, including the implementation of the Preventing and responding to sexual misconduct: WHO's three-year strategy 2023 - 2025

4.2. WHO PRSEAH end-to-end process architecture and flow chart and comprehensive package of PRS policies, procedures and tools;



- 4.3. Recommendations on optimal programme structure/design for an organization-wide PRSEAH response;
- 4.4. Longer term vision and strategy for WHO's work on PRS;
- 4.5. Established and well-managed WHO PRSEAH networks, including a platform for linking PRS coordinators and focal points;
- 4.6. WHO partner engagement plan on PRS, including a platform for engaging with Member States safeguarding units and equivalents; and proactive participation in and contribution to interagency entities related to PRSEAH;
- 4.7. Quarterly Member States briefing on PRS;
- 4.8. Reporting, as necessary on implementation of relevant WHO governing bodies resolutions, decisions and action points;
- 4.9. Annual report for Member States on PRSEAH to be presented to Executive Board and World Health Assembly; and
- 4.10. Regular strategic communications to enhance engagement and build trust of internal and external stakeholders

ⁱ <https://www.who.int/publications/m/item/who-implementation-plan>

WHO Prevention and Response of Sexual Exploitation, Abuse and Harassment (PRSEAH)

Task Team Members

Updated 22 May 2023

	TITLE	NAME	POSITION
Nominees of The Director-General			
1.	Office of the Director- General (DGO)	Razia Pendse	Chef de Cabinet
2.	Prevention of & Response to Sexual Misconduct (DGO)	Gaya Gamhewage	Director
3.	Human Resources and Talent Management (HRT)	Jennifer Linkins	Director
4.	Compliance, Risk Management and Ethics (CRE)	Andreas Mlitzke	Director
5.	Office of Legal Counsel (LEG)	Sigrid Kranawetter	Principal Legal Officer
6.	Emergency Preparedness & Response (WHE)	Michael J. Ryan	Executive Director
7.	Focal Point for the Independent Commission/ Emergency Preparedness – Country Readiness Strengthening (WHE)	Nedret Emiroglu	Director
8.	Investigations (DGO/IOS)	Lisa McClennon	Head, Senior Adviser
9.	Investigations (DGO/IOS)	Eva Bolkart	Head Investigation
10.	WHO Health Emergencies Programme – operations (WHE)	Margaret Lamunu	Senior response Officer
11.	Polio Eradication Programme (POL)	Clare Elizabeth Creo	Coordinator
12.	Office of the Ombudsman and Mediation (OMB)	Aba Ankrah-Ntambwe	Ombudsman
13.	Organizational learning, Evaluations Department (DGO/EVL)	Alex Ross	Senior Advisor
Nominees of WHO Regional Directors			
14.	Regional Office for Africa (AFRO)	Adelaide Onyango	Director of UHC/Health Populations Cluster
15.		Francesca Paola Crabu	Coordinator, PRSEAH
16.	Regional Office for the Americas (PAHO)	Philip MacMillan	Ethics Program Manager
17.	Regional Office for the Eastern Mediterranean (EMRO)	Christoph Hamelmann	Chef de Cabinet, EMRO
18.		Sussan Bassiri	Director, BOS, EMRO
19.		Gerard Mc Donnell	Regional HR Manager
20.		Jamela Al-Raiby	WHO Representative in Jordan
21.		Iman Shankiti	WHO Representative in Lebanon
22.		Jamal Nasher	Coordinator, Gender, Equity & Human Rights



23.		Tarja Turtia	Team Lead Transformation
24.		Abeer El Telmissany	Senior Admin Assistant – WHE
25.		Anna Rita Ronzoni	Technical Officer GBV
26.		Victoria McDonough	PRSEAH Regional Coordinator
27.	Regional Office for Europe (EURO)	Kathryn Ochieng	Regional Human Resources Manager
28.		Robb Butler	Executive Director of the RDO
29.		Kate Eversteyn	PRSEAH Regional Coordinator
30.	Regional Office for the South-East Asia (SEARO)	Anita Abhyankar	Regional Personnel Officer
31.		Anjana Bhushan	Technical Officer, Gender, Equity and Human Rights Mainstreaming UHC/Family Health Department
32.		Nazneen Anwar	Head of WHO Country Office - Maldives
33.		Neena Raina	Director, a.i., UHC/FGL Department
34.		Anju Pandey	PRSEAH Regional Coordinator
35.	Regional Office for the Western Pacific (WPRO)	Corinne Capuano	DPM/ WPRO
36.		Mark Andrew Jacobs	WHO’s Representative for the South Pacific
37.		Sean Casey	WHE team, DPS/Fiji
38.		Dakshinie Gunaratne	Coordinator, PRSEAH
	Observers		
39.	Addressing needs of Vulnerable Populations, HQ Geneva	Claudia M. Garcia Moreno Esteva	Unit head

Notes:

The work of the Task team will draw on technical, management and support services expertise across the Organization on thematic areas as and when they are prioritized; as well as external expertise through formal and informal mechanisms and fora.

The TT work will be coordinated and managed by the Director PRS; and the TT Secretariat.

Workstream leads will be identified from the membership of the TT for implementing the workplan.