



# World Health Organization

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7 March 2025

Dear Ambassadors,

## Multilateral Organization Performance Assessment Network (MOPAN) Assessment of WHO, 2023

I have the honour to thank you for your leadership as Institutional Leads (ILs), the Multilateral Organization Performance Assessment Network (MOPAN) Secretariat, Ms Suzanne Steensen, Ms Jolanda Profos, and Mr Nigel Thornton, along with his team at Agulhas, for their close collaboration with our staff and their responsiveness in conducting the sixth MOPAN Assessment of the World Health Organization (WHO) for the period 2019 - 2023.

We appreciate the timely assessment and its findings, which document and validate WHO's strengths as well as our reform journey. The assessment provides valuable insights and identifies areas of opportunity that we are committed to addressing as part of our ongoing organizational learning and improvement efforts. This assessment is equally important as we strive to enhance our performance and impact while supporting our Member States and global health. It is worth noting that the snapshot provided by this assessment recognizes that WHO is a complex organization with broad mandates to support our Member States, and we note that it does not, by definition, cover all our efforts or progress over the past five years.

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Since the first MOPAN assessment of WHO in 2002, the health landscape, challenges, crises and needs of countries, communities and regions have dramatically changed and expanded, impacting WHO. Yet none more so than the demands placed on WHO to provide leadership, international coordination, technical guidance, and response support in the face of the global COVID-19 pandemic. This assessment period was dominated by the unprecedented pandemic. We commend the report for documenting WHO's "ability to deliver multiple complex and multidimensional tasks", showcasing a swift response, agility, and leadership during the pandemic and the lessons learned to further institutionalize these ongoing efforts to reinforce the performance of the Organization (p. 33-34).

As highlighted in the report, central to WHO's leadership and convening role was creation and implementation of innovative partnerships, including COVAX and the ACT-A facility. Additionally, we have expanded many of our partnership activities, such as establishing the WHO Civil Society Commission and the WHO Youth Council, expanding our work with the private sector, and creating the WHO Academy. These initiatives have significantly bolstered the Organization's capacity for pandemic preparedness and response, as well as that of our Member States.

Lessons learned from this period have influenced and been incorporated into the World Health Assembly's adoption in 2024 of amendments to the International Health Regulations (2005) (see resolution WHA77.17), alongside ongoing negotiations with the Intergovernmental Negotiating Body. Furthermore, WHO is continuously called upon to respond to health emergencies, including outbreaks of emerging or re-emerging diseases such as Mpox, Marburg virus disease, and Ebola virus disease, particularly in fragile and conflict-vulnerable regions, often in situations where other organizations cannot operate.

We appreciate the comprehensive evaluation of WHO's systems, as reflected in the MOPAN methodology. We acknowledge both the strengths and the areas for improvement highlighted in the report. We welcome the following findings regarding the Organization's strengths where WHO demonstrated:

- clear leadership among global health institutions;
- agility and responsiveness in emergencies, including in the face of global challenges such as COVID-19 (see above);
- progress on the Transformation agenda;
- transparency in reporting, budgeting and resource allocation; and
- significant strengthening of its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership.

In addition, we value the MOPAN findings that indicate WHO has robust internal controls, including accountability frameworks, financial management systems, risk management systems, and measures for preventing fraud and corruption. WHO has also significantly improved its scores on the United Nations System-Wide Action Plan (UNSWAP) indicators, meeting or exceeding requirements.

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We also acknowledge the areas of opportunity identified in the report, to which we are committed to improving and are addressing. These include where WHO can:

- ✓ better demonstrate how its activities and outputs make a measurable impact on health outcomes;
- ✓ accelerate reforms to build high-performance capacity at the country level;
- ✓ further planned reforms to WHO's funding model to ensure 50% of its base budget is covered by Member States' assessed contributions by 2031;
- ✓ strengthen its evaluation function in line with its own and United Nations norms to further improve both accountability and corporate learning; and
- ✓ maintain and institutionalize efforts to prevent and respond to sexual misconduct through permanent culture change.

The attached annex contains a synopsis of the strengths and a detailed management response that outlines many of the ongoing initiatives and actions, either planned, recently implemented or currently underway to address the areas of opportunity identified in the report. For example, WHO's first Investment Round has contributed to increased flexibility and predictability of WHO funding and broadened WHO's donor base, making its funding more resilient.

The assessment provided valuable insights that were used in "real-time" as WHO was finalizing the Fourteenth General Programme of Work, 2025-2028 (GPW14), and its results and impact measurement frameworks. The assessment also coincided with the following ongoing reforms that we have been implementing since 2017:

- a) the Transformation agenda (50+ initiatives, of which 43 were extensively reviewed in 2024) - the most comprehensive and ambitious set of organizational reforms in WHO's history;
- b) Member States-led reforms introduced in 2023 (Agile Member States Task Group (AMSTG), 11 recommendations);
- c) the complementary Secretariat's Implementation Plan (SIP) on reform (97 actions);
- d) the Action Plan for Country Office Strengthening by the Action Results Group (ARG) (95 actions);
- e) development of the 2024-2025 Programme Budget and its operational planning; and
- f) recommendations issued by multiple governing bodies.

These all seek to maximize the impact of WHO's efforts focusing on strengthening our programmatic, financing, budgeting, accountability, governance systems, increase transparency, performance management, programme budget development and implementation, results reporting, internal controls, efficiency and effectiveness -all towards making an impact in countries where it matters most. Many of the assessment's findings also mirror those contained in reports of our independent internal and external audit, evaluation offices/functions and of our governing bodies.

Since the 2017-18 MOPAN assessment, WHO has made significant progress on a variety of system and accountability reforms. Against the twelve Key Performance Indicators (KPIs), WHO achieved an overall satisfactory rating for ten and, using the same scoring thresholds as the 2017-2018 assessment, a satisfactory/highly satisfactory rating for all 12 (page 78 of the report).

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We further note with satisfaction that WHO improved its score in 2023 (as compared to 2017-2018) for KPIs 9 to 12 (results performance). These KPIs reflect the ability of systems to ensure relevant, inclusive, and sustainable contributions to humanitarian and development results, as well as well as efficient delivery. The MOPAN survey results also indicated a high level of external partner satisfaction, which demonstrates confidence among partners towards WHO's leadership and convening role, structure, mandate, partnership engagement and overall performance.

While we acknowledge the progress we have made, we are not complacent. As previously mentioned, we are actively implementing a range of reforms constituting the most ambitious transformation in our history, although some initiatives are taking longer and proving to be more complex than others. The lessons, reflections, and areas of opportunity documented in the assessment have and will continue to improve WHO to make it fit-for-purpose and impactful. The findings from the MOPAN assessment will also be used to inform the continuous adjustment and reprioritization of WHO's Transformation agenda and other reform initiatives, as well as a strengthened focus to institutionalize change management in the Organization.

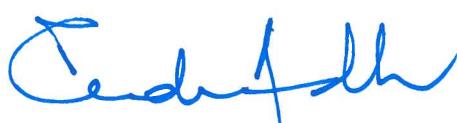
WHO looks forward to continuing the constructive collaboration and partnership with MOPAN and its members, contributing to special MOPAN policy analyses (as we have in the past), as well as to a revision of the MOPAN methodology that is more suitable to agencies with predominant specialized normative roles, noting the current approach remains largely geared to development/project-based agencies. We appreciate that MOPAN has revised its methodology for humanitarian agencies and the International Financing Institutions.

In closing, I would like to recognize and thank our colleagues at WHO headquarters, regional and country offices – including the 13 countries that were selected for the survey – for their effort, time and support that was provided to the assessment team and overall process.

As we move forward, the Organization and I are fully committed to enhancing our performance, systems, and continuous learning. We will make the most of the insights from this assessment to continue transforming as we work together to create a healthier, safer, and fairer world for all.

Yours faithfully,

with much gratitude



Dr Tedros Adhanom Ghebreyesus  
Director-General



## ANNEX: 2022-2023 MOPAN Assessment of the World Health Organization

### I. Synopsis of strengths

Strength	Comment
<b>1. Leadership</b>	"WHO continues to demonstrate clear leadership among global health institutions." The ambitious, clear, long-term vision laid out in GPW13 (2018-23, extended to 2025) was recognized, along with the Triple Billion targets identifying the high-level outcomes to which WHO aims to contribute.
<b>2. Transformation agenda; Increased transparency of reporting, budgeting and resource allocation</b>	Progress on transformation has been documented with a timeline presented on WHO's website (see also <a href="https://www.who.int/about/transformation">https://www.who.int/about/transformation</a> ). At end 2024, 24 of 43 transformation initiatives reviewed had been implemented. However, to note that reform processes take time, given WHO's size and complexity, and that the COVID-19 pandemic impeded implementation during 2020-2021. In 2024, WHO also conducted a comprehensive review of what has worked and what needed to be revised. Based on the review, WHO reprioritized the Transformation agenda and aligned it with the priorities of GPW14.  In addition, significant process has been made in implementing Secretariat Implementation Plan (SIP) actions (85 of 97 completed by November 2024; see EB156/32), along with many AMSTG recommendations. These have increased transparency, and enhanced results-based budgeting and results-based management. WHO's results-based budgeting system was rated as highly satisfactory, along with a strength whereby "WHO demonstrated [its] commitment to transparency of reporting, budgeting and resource allocation". A major achievement over the past two years has been the development and availability of various portals and dashboards on the Member States' portal on WHO's webpage.
<b>3. Sustainable finance</b>	During this assessment period, a major hallmark was achieved with Member States agreeing to increase the percentage of assessed contributions in WHO's base budget for the first time in decades, as part of an overall push for sustainable, predictable, and flexible financing based on the Transformation agenda. We appreciate the assessment's findings noting that high levels of voluntary contributions (80%), earmarking and limited predictability make it difficult for WHO to fund its base programmers and priorities. In addition, WHO finalized a new resource mobilization strategy and approach and established in 2020 the WHO Foundation to help diversity WHO's donor base in areas/with partners WHO cannot readily engage (e.g. private individuals).
<b>4. Internal controls</b>	The assessment concluded that "WHO has strong internal controls, including risk-based due diligence processes, mandatory staff training, an accountability framework, as well as fraud and corruption risk assessment processes", as well as "a good level of financial transparency and accountability and can demonstrate how its programme budget (PB) aligns to its strategic priorities." We recognize the importance of these findings to ensuring trust with our Member States and are committed to even further strengthening of these systems. WHO's new Business Management System (enterprise resource planning) well underway in its development will further strengthen internal controls.
<b>5. PRSEAH</b>	Regarding the prevention of and response to sexual abuse, exploitation and harassment (PRSEAH) (i.e., sexual misconduct, PRS), MOPAN "commended WHO for having put in place a state-of-the art policy suite and impressive human resources capacity to prevent and respond to sexual misconduct," that it "has significantly strengthened its infrastructure and capacity to PRS, underpinned by dedicated and clear leadership." WHO's unprecedented efforts, led by the Director-General, including an initial investment of US\$ 50 million have scaled up our policies and systems, and provided leadership across the UN. We fully agree with MOPAN that "only sustained efforts and resources over the years will lead to culture change."
<b>5. Gender mainstreaming</b>	In the area of gender mainstreaming, we thank the MOPAN Secretariat for accepting the 2023 UNSWAP monitoring results that showed WHO's major improvements over the past three years. WHO increased its score / ratings for the UNSWAP 17 indicators from 47% in 2021 to 81% in 2023 with indicators meeting or exceeding requirements. We are committed to ensuring gender parity in our workforce, and it is a high priority.

## II. Management Response: areas of opportunity

Area of opportunity	Management response/follow up actions	Actions	Timeline/Status
<p><b>1. WHO needs to better demonstrate how its activities and outputs make a plausible contribution to the health outcomes it seeks to achieve. (M1 7.1-7.5)</b></p> <p>Strengthening WHO's <b>results-based management (RBM) system</b> – notably monitoring and communicating output-to-outcome and result linkages – has been evolving for many years and is continuing. Lessons from the independent evaluation of the 13<sup>th</sup> General Programme of Work (GPW) were incorporated in real-time into the development (and WHA-approved) of the GPW14 (2025-2028). The latter includes a new Theory of Change (ToC) and results framework that reflects a results chain and informed a robust impact measurement framework, which aim to further strengthen results measurement and reporting. WHO is fully committed to strengthening and maximizing its results-based management system that incorporates organizational learning, results reporting.</p> <p>As a <b>direct</b> result of the 2017-2018 MOPAN assessment, WHO designed and implemented its new <b>Output Scorecard (OSC)</b> method to strengthen its measurement and communication of its outputs, along with dashboards and scorecards and significant enhancements to its results reporting including the regular updates of "links to high-level organizational results". The balanced OSC measures the depth and breadth of each of WHO's 42 Outputs using six assessment parameters (dimensions). Addressing MOPAN concerns, Gender, Equity and Human Rights (GER) are part of the dimension to be measured for each output, and leading indicators specifically for environmental health to measure performance against environmental health/sustainability. These will better measure human rights and environmental health/sustainability. The results framework and Impact Framework contained in GPW13 guided the design of Organizational outputs and outcomes as contained in biennial Programme Budgets, operational plans and subsequent results reporting. For the first time, the results framework and cascading outputs and outcomes differentiated the attribution of the Secretariat's work (outputs) and contribution to outcomes (largely Member States' responsibility; with joint Secretariat contributions for some).</p> <p>Moreover, for over 20 years, WHO has used a <b>results-based budgeting approach (RBB)</b> building upon <b>outputs</b>. It must be noted that outcomes are defined as largely country, as well as joint country-WHO Secretariat, responsibilities, and outputs are Secretariat responsibilities. Particular attention is being given to enhancing the output to outcome chain. The OSC is used to measure results across the Organization and contributes to the biennial and mid-term biennial results reports. WHO has strengthened its transparency, including several "best-in-class" portals and dashboards. These include ones for the programme budget and for results reporting – both reflecting output and outcomes, and their linkages (see the WHO <a href="#">Member States Portal</a> webpage).</p>	<p>(1) GPW14, including a TOC and Results Framework</p> <p>(2) Impact measurement framework</p> <p>(3) Programme Budget development: outputs, outcomes</p> <p>(4) Corporate and PAHO RBM evaluations; IOS results reporting system performance audit</p> <p>(5) Improving results reporting system, including OSC</p> <p>(6) Enhancement of results-based management system</p>	<p>May 2024</p> <p>May 2024</p> <p>Q3 2025</p> <p>Q4 2023</p> <p>2026</p> <p>End 2025</p>	<p>Implemented</p> <p>Implemented</p> <p>In progress</p> <p>Implemented</p> <p>In progress</p> <p>In progress</p>

<p><b>2. WHO's reforms to build high performance capacity at country level need to be accelerated. (MI 5.1, 5.3, 5.5)</b></p>	<p>Management agrees that "fulfilling WHO's ambitious mission requires sufficient capacity, particularly at country level" particularly in order to achieve WHO's mandate and in the face of diverse and growing challenges facing countries and communities.</p> <p>In early 2023, WHO (through the leadership of the Director-General and a group of WHO Representatives (WRs)) launched a comprehensive initiative to strengthen Country Offices (CO) and country level impact (Action Results Group (ARG) action plan). Underpinning the plan is use of the Core Predictable Country Presence (CPCP) typology that sets out the differentiated core staffing capacities for all WHO country offices, based on the type and level of support needed to effectively address the unique health needs and priorities of each country. Additional actions: improve the country office planning process; revise the Country Cooperation Strategies (CCS) guidance; more robust strategic planning, resource allocation and results management processes. Mechanisms are in place to identify country priorities in relation to the implementation of GPW14, and for developing biennial Programme Budgets (e.g., 2026-2027).</p> <p>Priority-setting is guided by Country Cooperation Strategies, where available, and global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country level, and is focused on those areas in which WHO's added value is recognized. Results of the latter are key to developing and implementing the programme budgets, informing budget costing, allocation of resources and resource mobilization efforts. Individual country results are the main inputs to planning and implementing the biennial operational plans of country offices, including the required support from the respective regional offices and headquarters.</p> <p>Revised and enhanced delegations of authority for WHO Representatives completed (DG and Regional Directors signed). <b>KPIs for country office performance</b> completed and available on the Member States Portal. HR actions to increase the capacity of country offices, as well as the Regional Offices and HQ. Through the Transformation agenda work is ongoing to further differentiate and align the functions of headquarters, regional and country offices; strengthening staff leadership and capacities to enhance their ability to support countries. The potential of the WHO Academy to support capacity building for countries and for WHO staff is increasingly being realized. Most regional offices have conducted or are conducting functional reviews to identify strengths and areas for improvement, as well as required staffing complements. As was noted above, the greater flexibility within our funding model is critical to ensuring the appropriate Country Office staffing as will the implementation of a reformed staff mobility system. Further development of WHO's stakeholder/partner capacities at country level are a central part of the WHO Country Cooperation Strategy development.</p> <p>See documents <a href="#">EB156/INF./1</a>, <a href="#">EB156/32</a> and the <a href="#">SIP Dashboard</a></p>
	<p><b>3. Planned reforms to WHO's funding model need to be carried through so that more than 50% of funding is</b></p>

<b>in the form of assessed contributions.</b>	<p>For the first time in decades, in 2023, WHO's Member States agreed to increase the percentage of Assessed Contributions (AC) in its base-budget by 50% by 2031 (<b>WHA75/9</b>). WHO launched its first <b>investment round</b> in 2024 aimed to leverage the power of the collective support for WHO to achieve predictable, resilient and flexible funding. Sustainable financing is essential for the continuity and stability of our programmes, and for maintaining our capacity to respond to global health emergencies and challenges. The investment round raised US\$ 1.7 billion in pledges for the GPW14 period 2025-2028. Of 71 new pledges, 39 were first-time voluntary contributors; 7 low-income and 21 middle-income countries were among the new donors, reflecting a shift towards a more inclusive and diversified funding base. Moreover, 47 donors have pledged more flexible funding, compared with 35 in the previous four years, thereby enhancing WHO's ability to allocate resources strategically and respond to emerging needs.</p> <p>The Director-General has already allocated the majority of the increase in AC for the 2024-2025 Programme Budget, as well as resource allocation in general, to reinforcing country presence and impact. Tracking WHO's revenue and expenditures can be done through the Programme Budget and results reporting portals/dashboards on the Member States Portal. In addition, WHO completed a review of cost recovery options and mechanisms and submitted it to the Executive Board (<b>EB154/33 Add 3, Rev1</b>). WHO routinely reports on efficiencies to the Health Assembly (see <b>A77/15</b>).</p>	(3) Resource mobilization strategy updated, inclusive of CO/RO capacity, Multi-donor trust Funds, WHO Foundation (4) Cost-recovery mechanisms options developed, presented to Executive Board (5) Efficiencies reported to Health Assembly (6) Resource allocation to reinforce Country Offices (7) SIP actions on PB, including resource allocation, prioritization (8) Continued focus on expansion and diversification of contributors. (9) Enhanced prioritization to meet new financial challenges	Jan 2024 May 2024 Annual, May 2024 PB2024-25 May 2024 2025 In progress	Implemented Implemented Implemented Ongoing
<b>4. WHO needs to strengthen its evaluation function in line with its own and UN norms to further improve both accountability and corporate learning. (MI 8.1, 8.2, 8.4-8.7)</b>	<p>Management fully agrees with the central role of an independent evaluation office as a key accountability function in the Organization, which is essential for proper oversight and learning, and to document and demonstrate the Organization's contributions to global and organizational health outcomes and defined results. WHO is fully committed to strengthening its evaluation function and maximizing its results-based management system that incorporates organizational learning and results reporting.</p> <p>WHO completed a comparative review of the evaluation function across UN agencies in 2024 and is developing a revised Evaluation Policy (2018) for submission to the IEOAC for their review and to the 157<sup>th</sup> Executive Board in May 2025.</p> <p>Since the last MOPAN assessment in 2017-2018, WHO has further expanded its evaluation function in several ways, recognizing that more needs to be done. Since mid-2022, the Organization significantly expanded its investment and capacity for decentralized evaluations, particularly at Regional and Country Office levels. All Regional offices now have a professional evaluation officer that is key to enhancing Regional and Country capacity. Regional offices have also increased their budgetary/resource allocations for evaluations, including for country programme evaluations. The Organization is exploring several innovative means to mobilize resources for evaluations based on good UN practice, including inclusion of evaluation line items in project proposals and donor agreements. The comparative review documented UN agencies' evaluation function</p>	(1) Comparative study of evaluation function across UN (2) One-time survey (across WHO) to identify evaluations and similar activities occurring across three levels. (3) Road map for implementing IEOAC recommendations to strengthen evaluation function (4) Revision of WHO Evaluation Policy (2018) to be presented to EB158 (per EB request) (5) Strengthened decentralized evaluation function	May 2024 Aug 2024 Mar 2025 May 2025 End 2025	Implemented Implemented In progress In progress In progress

<p>spending approximately 1.0% of their spend for their evaluation function, which WHO will progressively seek to meet – recognizing the very significant fiscal constraints currently.</p> <p>A cross-organization professional evaluation network for staff is operational (three-level Global Evaluation Network). Member States have steadfastly appreciated the work and products of the Evaluation Office (at HQ and Regional levels) over the years. In addition, the Secretariat has refined its approach to developing management responses for each evaluation and tracking follow-up actions.</p>	<p>Similarly, in the past two years, the Office has promulgated several key policies and professional practice guidance notes on topics as decentralized evaluations, quality control, methodologies. The IEOAC provides oversight and advice on the function, with the IEOAC and governing bodies (PBAC, EB) advocating the need for meeting adequate resource requirements for the Office, and to ensure that corporate and decentralized evaluation coverage of strategic and programme topics is expanded, and to increase application of learning from evaluations. Criteria for selecting topics for a subsequent biennial evaluation workplan (EB- approved) have been expanded.</p>	<p>Since 2019, and in particular over the past two years, WHO developed a “best in class” <b>digital platform using a standardized approach</b> to track follow up actions by business owners to recommendations issued by numerous entities – governing bodies, accountability functions (evaluation, internal and external audit), and other sources (e.g., IOAC for health emergencies).</p> <p>The tool facilitates deeper root cause analyses and translating lessons to identify and monitor solutions. Further work is planned to track poorly performing interventions, as well as to embed organizational learning feedback loops into results-based management. A dashboard for some of the information is available publicly on the Member States Portal:</p> <p><a href="https://www.who.int/about/governance/member-states-portal/tracking-recommendations-from-the-consolidated-platform">https://www.who.int/about/governance/member-states-portal/tracking-recommendations-from-the-consolidated-platform</a></p>
<p><b>5. WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result.</b></p>	<p>Management appreciates the MOPAN assessment’s recognition of the key achievements and significant progress WHO made in recent years in strengthening policies, procedures, practice, infrastructure and capacity relating to preventing and responding to sexual exploitation, abuse and harassment (PRSEAH), underpinned by dedicated and clear leadership and the significant financial investment of US\$ 50 million. WHO is committed to continuing investing in PRS activities, to be reflected in future Programme Budgets, as well as being included in several standard agreements with donors. At the request of governing bodies (IEOAC, PBAC), WHO is conducting a “stocktaking exercise” of all PRS efforts taken through 2024, which will contribute learning for the development of the next three-year organizational PRS strategy, 2026-2029. This is one key contribution to identify sustainability strategies for PRS efforts to date.</p> <p>Recent WHO actions include:</p> <ul style="list-style-type: none"> <li>(a) DG and organizational leadership for zero tolerance for inaction against SEAH; widely communicated to all staff and partners.</li> <li>(b) updated/new policy on preventing and addressing retaliation published on WHO website (July 2023) <a href="https://www.who.int/about/ethics/retaliation">https://www.who.int/about/ethics/retaliation</a>; a full suite of policies published – WHO website</li> <li>(c) Implementation plan 2021-2022 and management response for the plan (150 actions) completed end 2022 (93% implemented)</li> </ul>	<p>(6) Enhanced prioritization process for creating biennial 2026-2027 workplan January 2026 In progress</p> <p>(7) Expanded and improved management response system, including senior management reviews End 2025 In progress</p> <p>(1) Stocktaking exercise of PRS (per IEOAC, PBAC request) May 2025 In progress</p> <p>(2) JIU review of PRSEAH Summer 2025 In progress (WHO had suggested the topic)</p> <p>(3) Annual M&amp;E updates for three Year PRS strategy (2023-2025) End 2025 In progress</p> <p>(4) Development of new 2026-2029 PRS strategy End 2025 In progress</p> <p>(5) Resource allocation for PRS in 2026-2027 and 2028-2029 Programme Budgets May 2025 In progress (PB2026-2027)</p> <p>(6) Continued strengthening/ implementation of WHO accountability functions for PRS (investigation capacity-LOS, case management, risk Ongoing</p>

(d) <b>three-year strategy for PRS, 2023–2025</b> and annual M&E framework tracked	management, HR systems, victim/survivor support, policies, etc.)			
(e) further actions to address culture change and behaviour change in the context of PRSEAH to be accelerated in 2023–2025 as part of the three-year strategy				
(f) recognizing that culture and behaviour change goes beyond sexual misconduct, WHO is developing a culture/behaviour change strategy for the Organization. This project cuts across different functions, including accountability, behavioural science and psychology, and data analysis. Concept note completed with strategy to be presented to the PBAC in May 2025.	(7) Culture/behaviour change strategy	Q2 2025	In progress	
(g) Investigation capacity scale up with transparent dashboards on WHO's website depicting progress; <b>dashboard for disciplinary actions</b>	(8) Implementing, tracking progress on Member States' recommendations, audits	End 2025	In progress	
(h) mandatory training implemented for all staff and partners; series of webinars and staff seminars has been implemented.				
(i) victim/survivor support programme implemented; risk assessment tools developed & rolled out.				
(j) routine reporting to governing bodies (see latest, <b>EB156/28</b> ).				