

10 December 2021

**H. E. Dr. Tedros Adhanom Ghebreyesus**

Director General of the World Health Organization

&

**Dr Patrick Amoth**

Chair of the Executive Board of the World Health Organization

## **ENDING SEXUAL EXPLOITATION, ABUSE AND HARASSMENT IN GLOBAL HEALTH**

Your excellencies,

The 16 Days of Activism, 25 November to 10 December, mark the global campaign for the prevention and elimination of Gender Based Violence. During the 16 Days of Activism 2021, we the undersigned organizations, wish to express our deep concern at the sexual exploitation, abuse and harassment (SEAH) of women and girls by WHO staff during the tenth Ebola response in the Democratic Republic of Congo (DRC). **We stand with survivors of SEAH and whistleblowers in their pursuit of justice and the truth, and we call on WHO to act now to prevent and eliminate violence against women and girls.**

### **Power imbalances and root causes**

As diverse organizations working for the rights of women and girls in global health, we are appalled at the reports of SEAH by United Nations' employees and international aid workers, including WHO, outlined in the [Independent Commission report](#) of 28 September 2021. The Commission uncovered 83 alleged perpetrators, 21 of whom were WHO employees. The allegations included 9 rapes and countless demands for sex for jobs. Women and girls as young as 13 years old became pregnant, had miscarriages and abortions as a result of rape and sexual exploitation, and a reported 22 children were born. It is shameful and completely unacceptable that male staff of UN and aid agencies have caused such deep harm and blighted the lives of women and girls whose health they were paid to protect. This case in DRC is one in a long series of such cases and almost certainly the tip of the iceberg within the health sector.

Deep power imbalances exist between those delivering humanitarian programs and the populations in vulnerable situations that those programs are intended to protect, especially women, girls and boys. Sexual exploitation, abuse and harassment (SEAH) in humanitarian settings is part of a broader pattern of gender-based violence, enabled by gender inequality and inequality between the countries of the Global North and Global South. The risk of SEAH was increased in the WHO Ebola operation in DRC by the underrepresentation of women in staff and leadership: 73% of the 2,800 WHO staff were men, and men held 77% of leadership roles.

### **Recommendations for accountability and transformation**

We commend WHO for establishing an Independent Commission to investigate the facts of the DRC case and we acknowledge the members of the Commission for their work. An Independent Commission was an important and transparent first step that other agencies should follow. We also note WHO's [Management Response](#) of 21 October 2021 and the [Implementation Plan](#) of 12 November 2021.

The DRC case places an unprecedented obligation upon WHO to act immediately to end abuse by its staff. We seek bold, high level and consistent leadership from WHO and the WHO Executive Board. WHO must deliver the Management Response and provide regular, accessible updates on implementation. Immediate plans to support victims and survivors and follow up on allegations of SEAH and managerial misconduct must not be delayed. The institutional and organizational change management planned within WHO is vital for implementing the Management Response. Achieving sustainable change will require WHO to address power imbalances internally and externally, with a strong focus on gender equality and geographical balance.

Allegations of SEAH in the tenth Ebola Response in DRC were made against staff of several UN and international aid agencies, in addition to WHO, highlighting the need for a sector wide approach. Given its global mandate to advocate for health as a human right and health equity, WHO must play a leadership role in preventing and eliminating SEAH within the health sector.

## **WE URGE THE FOLLOWING:**

### **1. Leadership, accountability and resources:**

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**1.1** Visible and unwavering leadership from the Director General WHO on all actions, including with partners and member states, to ensure prevention of SEAH is a central and permanent goal in all WHO operations and work;

**1.2** WHO Executive Board to make prevention of SEAH a permanent indicator of performance management and accountability for WHO;

**1.3** WHO to follow up urgently with resources and reparations for the survivors in DRC, as well as on sanctions for perpetrators and any WHO managerial staff implicated. Resources for local and community level sensitization, awareness creation and capacity strengthening around identifying and reporting cases of abuse must also be available;

**1.4** Provide regular status updates through multiple channels on the implementation plan, ensuring updates reach the impacted persons and communities, including interim updates on any barriers to progress;

**1.5** Introduction of an investigatory system for WHO that centers and protects survivors, acts swiftly and transparently and ensures that perpetrators face justice and a level of sanctions that will act as a deterrent to others;

**1.6** Resources dedicated to the prevention of SEAH in the short and longer term, from global to country level operations, paying special attention to humanitarian and health emergencies;

**1.7** Gender parity in leadership, especially within WHO country offices and emergency response teams. The presence of a critical mass of women will reduce the risk of SEAH;

**1.8** Engage women from the Global South as a critical part of the solution to the prevention and elimination of SEAH, including to disseminate information to women on WHO codes of behavior for staff and reporting mechanisms for SEAH.

### **2. WHO leadership in the health sector**

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**2.1** WHO must collaborate with and urge other organizations implicated in the DRC allegations to investigate, take responsibility for and make concrete plans to hold perpetrators and managers accountable, and compensate survivors;

**2.2** WHO must work with partners to prioritize prevention of SEAH in health sector aid and

humanitarian operations. It must meaningfully engage governments and international and local NGOs/CSOs, especially women-led organizations, to develop a transparent and coordinated accountability system.

There can be no excuses for the harm done by WHO staff to women and girls in DRC and nothing can undo that harm. We have high expectations of the leadership of WHO and are fully committed to supporting WHO to uphold the rights, safety and dignity of all women and girls by ending SEAH in the health sector.

Sincerely,

**Bibyshe Mundjo Takubusoga**

*Executive Secretary,  
Actions pour la Réinsertion sociale de la Femme  
& Vice Chairperson of FEMNET (Central Africa)  
Democratic Republic of Congo*

**Dr. Roopa Dhatt**

*Executive Director,  
Women in Global Health  
United States*

**Memory Kachambwa**

*Executive Director,  
FEMNET  
Kenya*

**On behalf of the undersigned organizations:**

- ABAAD-Resource Centre for Gender Equality, Lebanon
- Action Congolaise pour le Respect des Droits Humains, DRC
- African Women 4 Empowerment, Germany
- AfriYAN Ghana, Ghana
- AIHMS-GLOBAL, India
- Akina Mama wa Afrika, Africa
- AMREF Health Africa, Africa
- Anis - Instituto de Bioética, Brazil
- Association Amis du Musée de la Femme Henriette Bathily, West Africa
- Association des Centres pour Handicapés de l'Afrique Central, DRC
- Association for the welfare of women and indigenous people, Cameroon
- Balance Promoción para el Desarrollo y Juventud, México
- BCH Africa Cameroon, Cameroon
- BFLA, Belize
- Botswana Gender Based Violence Prevention and Support Centre, Botswana
- Building Together Cameroon, Cameroon
- Centre d'Education et de Recherche pour les Droits des Femmes, DRC
- Christian Action for Development & Support (CADS), South Sudan
- CIVICUS, Global
- CNPF RDC, DRC
- Coalition on Violence Against Women-COVAW, Kenya
- COMMUNITY AND FAMILY AID FOUNDATION-GHANA, Ghana
- Core Group, Global
- Echoes of Women in Africa Initiatives, Nigeria
- Egyptian Feminist Union, Egypt
- Engender Health, Global
- Episcopal church, Global
- Feminism Makes Us Smarter, Global
- Family Planning NSW, Australia and the Pacific
- Fiji Women's Rights Movement, Fiji
- FOKUS - Forum for Women and Development, Norway
- Fundación para Estudio e investigación de la Mujer, Argentina
- GenCap NRC with HCT South Sudan, South Sudan
- Generation initiative for Women and Youth Network(GIWYN), Nigeria

- Gestos, Brazil
- Girl Child Network, Kenya
- Girls and Women Empowerment Network, Zimbabwe
- Girls' Globe, Sweden
- Girls Health Ed, Global
- Global Action on Men's Health, Global
- Global Health Corps, USA
- Global Health Council, USA
- Global Justice Center, Global
- Global Network of Women Peacebuilders, USA
- Global Network of Women Peacebuilders, Global
- Good Samaritan Association (GSA), Ethiopia
- Her Narrative, Kenya
- Himaya Daeem Aataa (HDA), Lebanon
- HeR Liberty, Malawi
- IGI, DRC
- Impact Her World Foundation, Nigeria
- Iniciativas Sanitarias, Uruguay
- Iniskoy for peace and Development Organization, Somalia
- Initiatives Alpha, DRC
- Institute of Gender and Children's Health Research, Sierra Leone
- International Center for Research on Women (ICRW), Global
- International Confederation of Midwives, Global
- International Council of Nurses ICN, Global
- International Federation of Medical Students' Associations, Global
- International Pharmaceutical Federation, Netherlands
- Irish Global Health Network, Ireland
- JUMUIYA WOMEN FUND, East Africa
- Ligne pour la solidarité congolaise, DRC
- Ligue pour les Droits de la Femme Congolaise (LDFC), DRC
- Local Initiatives for Women Development (ILOFEM), Burundi
- Make Every Woman Count, Guinea
- Medical IMPACT, México
- Midwifery Society of Nepal, Nepal
- New Millennium Women Empowerment Organization(NMWEO), Ethiopia
- ONG PROMODEF, Mali
- P2impact, Pakistan
- PaRiter, Croatia
- Pathfinder International, Global
- Pilier aux Femmes Vulnérables Actives - PIFEVA, DRC
- Power2empower, South Africa
- Real Relief, Denmark
- REBUILD WOMEN'S HOPE RDC, DRC
- RECODEF Senegal, Senegal
- Red Dot Foundation, Global
- Red Dot Foundation, India
- Reproductive Health Network Kenya, Kenya
- Réseau Musonet, Africa
- SAHAJ, India
- Sama Resource Group for Women and Health, India
- SERAC-Bangladesh, Bangladesh
- SHALUPE FOUNDATION, DRC
- SheDecides Global Champion for PSEA, Global
- SHEKINAH GIRLS' EMPOWERMENT AND PROTECTION INITIATIVE, Nigeria
- Slums and Rural Health Initiatives-Rwanda(SRHIN), Rwanda
- Stellas Girls, USA
- Success Capital Organisation, Botswana
- Taking Up Space ZA, South Africa
- Talent Youth Association, Ethiopia
- Tear Fund, Global
- The Gender Security Project, India
- The George Institute for Global Health, Global

- Ujeengo Global Community, Kenya/ Nigeria
- UWEMA ASBL, DRC
- UzalendoAfrica initiative, Kenya
- VIKASH-SAMUKHYA, India
- Visible Impact, Nepal
- Vision Spring Initiatives, Nigeria
- War Against Rape (WAR), Pakistan
- White Ribbon Alliance, Global
- Women at the Table, Switzerland
- Women Deliver, Global
- Women Engage for a Common Future - WECF, Netherlands
- Women for Equal Chances-Congo, DRC
- Women for Fair Development (WOFAD), Malawi
- Women for Women's Human Rights - New Ways, Turkey
- Women's Initiatives for Gender Justice, Global
- Women's International Peace Centre, Uganda
- Women in Global Health Afrique de l'Ouest Francophone
- Women in Global Health Afrique de l'Ouest Francophone, Sénégal
- Women in Global Health Afrique de l'Ouest Francophone, Togo
- Women in Global Health, Canada and CWIGH Leadership Steering Committee
- Women in Global Health, Chile
- Women in Global Health, DC
- Women in Global Health, Georgia USA
- Women in Global Health, Germany
- Women in Global Health, Finland
- Women in Global Health, Ireland
- Women in Global Health, India
- Women in Global Health, Malawi
- Women in Global Health, Midwest
- Women in Global Health, Nigeria
- Women in Global Health, Norway
- Women in Global Health, Pakistan
- Women in Global Health, Portugal
- Women in Global Health, Somalia
- Women in Global Health, South Africa
- Women in Global Health, Spain
- Women in Global Health, Sweden
- Women in Global Health, Switzerland
- Women in Global Health, United Kingdom
- Women in Global Health, Zambia
- Women Pillar Alliance (WOPA), Kenya
- Women's Global Health Innovations, Canada
- WREPA, Kenya
- Young PeaceBuilders (YPB), Sierra Leone
- Youth Harvest Foundation Ghana, Ghana



Actions pour la Réinsertion Sociale de la Femme

