Strategy for Swedens cooperation with the World Health Organization (WHO) 2016 - 2019

Government Offices of Sweden

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1. Scope

Scope of the strategy

This strategy will underpin Sweden's cooperation with the World Health Organisation (WHO) for the period 2016–2019.

The aim of activities within the framework of the strategy is to contribute to the implementation of Sweden's development policy and support Swedish health policy, in harmony with Sweden's Policy for Global Development and the 2030 Agenda.

The strategy includes funds (assessed contributions, according to a scale established every other year by the UN General Assembly[1]) which are paid by the Government Offices (Ministry of Health and Social Affairs).[2]

In addition to this, voluntary contributions are paid to WHO by the Swedish International Development Cooperation Agency (Sida)[3], under two main categories:

i) core support
ii) contributions to various research programmes

Support from Sida is governed by the Strategy for global action on socially sustainable development 2014–2017 (UF2014/32091/UD/MU) and the Strategy for research cooperation and research in development cooperation 2015–2021 (UF2014/80398/UD/USTYR). This support also contributes to the implementation of this strategy and is therefore prepared in consultation with relevant actors at the Government Offices and is discussed at the annual WHO consultations.

WHO's mandate

WHO is the UN's specialized agency for for health matters tasked with leading and coordinating international health efforts and supporting the Member States' governments in implementing the best possible health and medical care policies. The objective of WHO, according to its

[1] According to the OECD/DAC's criteria, 76 per cent of the assessed contribution rank as development aid.
[2] In accordance with Resolution WHA68.12, Sweden's share is currently 0.9601 per cent of the part of the programme budget that is assessed from the Member States.
[3] According to the OECD/DAC's criteria, 100 per cent of the voluntary contribution rank as development aid.

constitution, is "the attainment by all peoples of the highest possible level of health", where health is defined as "a state of complete physical, mental and social well-being"[4]. The organisation's normative and standard-setting work is recognised, is used in development cooperation and is decisive for making comparisons between countries and globally. WHO also has an important role in the global humanitarian system through its coordinating role within the area of health, and it is expected to play a key role in the implementation of the 2030 Agenda and its health aspects. In this regard it is vital that WHO works well in coordination with the rest of the UN system and national and international partners.

Although WHO's normative mandate stretches from low to high incomes countries, WHO's role as a development actor is also noted, as the biggest health challenges – and often the weakest capacity to deal with these – are found in low- income countries and among the poorer sections of the population in middle -income countries. It is above all the level of presence and the type of technical support that distinguish the role of WHO in different countries. WHO can thus have an important role as a development actor based on its normative mandate and technical work, even if this differs from the role of more operational development actors, such as the UN Funds and Programmes.

The Ebola crisis revealed a void in the global health architecture, where neither WHO nor any other organisation had a clear mandate or the capacity to assume the leading and coordinating role that is needed to deal with widespread and multifaceted health crises. In light of several new initiatives to strengthen the global capacity to handle (and finance) health-related crises, it is important that each organisation acts within the framework of its role and mandate. This applies in the area of health as well as the humanitarian area, while at the same time there is a need for both of these areas to increase their understanding and knowledge of each other. The conclusion that has been drawn is that WHO should retain its role as both normative leader and coordinator in health-related crises and that the latter role has to be strengthened. A process of restructuring has been initiated to develop WHO's capacity and ability to take on this role.

Sweden's overall view of WHO

Sweden's commitment to WHO is justified by the fact that Sweden considers WHO to be the leading normative global health actor with major relevance for low-, middle- and high-income countries. The strength of WHO lies in its role as a knowledge bank and developer of new knowledge, the high level of trust it enjoys, its integrity, its evidence-based foundations and its global structure.

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[4] http://apps.who.int/gb/bd/

WHO's work contributes to all Swedish thematic areas of aid, but primarily to improving basic health and saving lives, alleviating suffering and maintaining human dignity. WHO's work is also important for the objectives of Sweden's health and medical care policy and public health policy thanks to its normative role and its task of leading and coordinating global health efforts, such as tackling international health threats.

WHO has traditionally had a strong position and long experience of work to combat communicable diseases. It is crucial that WHO's authority in this area is maintained and developed, not least with regard to WHO's leadership in large-scale health crises and the global challenge of increasing resistance to antibiotics.

At the same time, the global burden of disease has undergone major changes since WHO was established. These days, a considerable proportion of premature deaths, morbidity and impairments are due to non-communicable, acute or chronic illnesses and other forms of ill health, in low- and middle- as well as high-income countries. The prevalence of corresponding ill health is also affected by living conditions and living habits, such as alcohol and tobacco consumption, unhealthy eating habits, physical inactivity and exposure to dangerous substances through the handling of chemicals and waste. These non-communicable diseases and their risk factors and determinants have a considerable degree of 'social communicability' between individuals and population groups.

Poverty, hunger, lack of education and lack of gender equality are some factors that have a direct impact on people's health. The same applies to lack of water and sanitation. The correlation between peace, security and health is clear, as is the link between climate, chemicals, air pollution, environment and health. Climate change compounds many health problems and introduces new health risks; this occurs through the changing spread of various pollutants in the air and water and through changing patterns concerning geographical reach and the season for the spread of certain communicable diseases. This is why it is necessary that WHO also clarify and develop its role in broader, global public health efforts where the focus is on determinants for health, many of which lie beyond the health system. Collaboration with other sectors is also necessary in order to ensure that health is considered in other policy areas.

The large number of crises and displaced persons in the world also brings with it some new public health challenges concerning both prevention and control of communicable and non-communicable diseases alike, as well as major strains on health and medical care in many countries, where support may be needed from WHO.

2. Focus and priorities for Sweden's cooperation with WHO

A broad view of health should be sought in WHO's work. The following cross-cutting perspectives should be given particular consideration in Sweden's cooperation with WHO and should be continuously raised in Sweden's dialogue with official representatives of WHO:

- **Rights perspective:** The rights perspective means that human rights and democracy are to be seen as fundamental to development. Sweden is to help give visibility to discrimination and excluded and marginalised individuals and groups. So that all people, regardless of gender, age, disability, ethnicity, religion or other belief, sexual orientation, transgender identity or expression, are able to enjoy their rights.
- **Gender perspective:** Sweden is to help ensure that a gender perspective is considered in WHO's policy work, in the organisation's internal work, in the implementation of WHO's country programmes and in the follow-up of the results of these where relevant, with the aim of ensuring that women and men have the same opportunities from a lifetime perspective to achieve good health.
- **Equity perspective:** Sweden is to work towards the inclusion of an equity perspective in WHO's policy work, in the implementation of WHO's country programmes and in the follow-up of the results of these where relevant, with the aim of improving the conditions for good health that is evenly distributed and of eradicating avoidable health gaps between different socio-economic groups.

Through the assessed contribution and Sida's support to WHO, Sweden is contributing to the implementation of all expected results in WHO's general programme of work for the period 2014–2019 and in the programme budgets for 2016–2017[5] and 2018–2019 respectively. Based on the global and national health situation, Sweden's comparative advantages, and its capacity and interest in exchanging knowledge and experiences with WHO, Sweden will, during the strategy period, focus in particular on ensuring that WHO contributes to the following objectives, which are based on WHO's own six-year programme of work for 2014–2019 and the two-year budget for 2016–2017.

[5] The programme of work (2014–19) and the programme budget (2016–17) can be downloaded here: http://www.who.int/about/finances-accountability/budget/en/

2.1 Health systems[6] that promote equitable and gender-equal health

In times of increasing numbers of disease-specific initiatives, WHO has a central role to play in assisting the member countries in their work to develop health systems that are efficient and sustainable, both economically and socially, and that offer measures to promote health and prevent disease, as well as treatment, to the entirety of their population. This requires i.a. that special attention be paid to anti-discrimination work and measures to promote health among women and girls, who seldom have the opportunity to receive care and other services on the same terms as men and boys. Economically sustainable health systems are one of several prerequisites for Member States to be able to maintain and develop the other components of their health systems.

i) WHO has strengthened its capacity to support Member States in implementing and following up effective policies and interventions that promote and meet the needs of girls, boys, women and men in terms of sexual and reproductive health and rights (SRHR) (*outcomes 3.1 and 2.3 and outputs 2.3.3, 3.1.1, 3.1.5 and 3.1.6)*.

ii) WHO has developed a comprehensive public health approach for drugs-related work, from prevention to treatment (*outcome 2.2 and output 2.2.3)*.

iii) WHO has strengthened its evidence base and provides Member States with support in delivering integrated, patient-centred services to achieve healthy ageing, with a focus on dementia (*outcomes 2.2 and 3.2 and outputs 3.2.2 and 3.2.3)*.

iv) WHO has developed – and provides Member States with support in implementing – norms and policy proposals for the prevention and control of non-communicable diseases, with a focus on reducing the occurrence of the risk factors with regard to unhealthy eating habits and physical inactivity, and for the

[6] WHO (2007): A health system consists of all organizations, people and actions whose *primary intent* is to promote, restore or maintain health . This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well-known determinant of better health.

promotion of healthy nutrition (*outcomes 2.1 and 2.5 and outputs 2.1.2 and 2.5.2)*.

v) WHO has developed – and provides Member States with support in implementing – policies and programmes to combat violence against women and girls, as well as children and youth, with a focus on the role of the health sector in the prevention of violence (*outcome 2.3 and output 2.3.3)*.

2.2 Strengthened health security: preparedness, surveillance and response

The Ebola outbreak in 2014/15 and the ongoing spread of MERS are two examples of the importance of cross-sectorial international cooperation concerning serious health threats. Global leadership and coordination by WHO and its partners is necessary to ensure the effectiveness of the work to combat health threats, as is worldwide compliance to international agreements and application of preventive measures. WHO's International Health Regulations (IHR 2005) form the basis for global cooperation and WHO's role in this is crucial.

i) Strengthened ability on the part of WHO and its Member States to be prepared for and have the ability to detect and manage outbreaks and other international health threats, in accordance with IHR (2005) (*outcomes 5.1, 5.2 and 5.3 and outputs 5.1.2, 5.2.2 and 5.3.2)*.

ii) WHO provides and monitors support to Member States in the implementation of the global action plan on antimicrobial resistance (AMR), and a global system to monitor the growth of resistance and the burden of disease has been established (*outcome 5.2 and output 5.2.3)*.

These (2.1 and 2.2) are areas that Sweden intends to prioritise during the strategy period. Sweden will also continue to be a constructive actor involved in the ongoing work in the governing bodies, including on issues that are beyond the scope of the strategy.

3. Priorities concerning the organisation's working methods and governance

Sweden considers that WHO functions reasonably well considering its conditions, its inflexible and partly inadequate financing and its challenging semi-independent regional structure. Despite major

challenges, WHO continues to play an important role as a normative organisation that has a strong impact.

Important steps have been taken in the reform process in recent years that will lay the foundation for strengthening internal efficiency, and the management is considered to be genuinely committed to reforming the organisation further. WHO's internal and external efficiency are considered on the whole to be satisfactory, but work still needs to be done on results-based management and reporting, evaluation, internal controls (primarily at country level) and human resources policy.

At country level, WHO is considered to have very varying levels of strength and competencies. In certain countries, the organisation is seen to take on and fulfil its unifying and coordinating role. In other places, WHO is not present in cooperation with other parties to the extent that would be desirable given its mandate and competencies.

Based on its assessment of WHO, Sweden intends to pursue a number of issues concerning the organisation's working methods, governance and role. It is anticipated that the impact of these issues may contribute to the achievement of the objectives specified in Section 2.

Sweden will work to:

- Strengthen results-based management and accountability through regular, transparent, clear and appropriate follow-up and reporting of the organisation's work at all levels to WHO's governing bodies.
- Ensure that competencies are better matched to tasks throughout the organisation, particularly at country level, by implementing the mobility framework and strengthening links between the organisation's planning and budget tools and its systems for performance evaluation and follow-up.
- Ensure implementation of the reforms initiated as a result of the Ebola outbreak so as to make clear and develop WHO's operational role, mandate and work in the event of international outbreaks of communicable diseases and other health crises.
- Ensure that the biennial programme budget and the underlying work plans at different levels of the organisation are costed and that they function as central planning and follow-up tools in operational activities, at all levels.
- Strengthen coherence and cooperation between different levels and sections of the organisation.
- Strengthen system coherence and cooperation within the UN system and with other relevant national and international actors, in the spirit of the 2030 Agenda.

- Strengthen systems for evaluation, internal controls and risk management, which are applied at all levels of the organisation. Ensure that lessons learned from audits and evaluations that have been carried out are dealt with in a more systematic and organisation-wide way.
- Strengthen financial sustainability and predictability through continued work towards less earmarking, a broader donor base, a greater share of the budget being financed by predictable and flexible contributions from Member States, and a clearer link between resolutions and programme budgets to enable the agreed objectives to be achieved.
- Establish more efficient working methods for the governing bodies by strengthening the criteria – and compliance with these – for the introduction of agenda items and resolutions.
- Ensure the right skills and focus throughout the organisation in order to implement WHO's action plan for gender equality, equity health and human rights (2014–2019) and give support to the Member States so that these perspectives are taken into account in legislation and health plans, for example.

4. Forms for Sweden's advocacy work

Sweden will take active steps to achieve the objectives and gain support for the issues outlined in Sections 2 and 3 of the strategy. This will be done by:

- As a board member (2015–2018), actively participating in formal and informal discussions and exerting influence through active participation at board meetings and in other forms of board work.
- Following up reporting in WHO's financial and programmatic reports (results and costs) and audit reports.
- Contributing Swedish expertise and, if possible, strategic secondments.
- Working together with like-minded countries, including cooperation with other Nordic countries and cross-regional cooperation.
- Monitoring WHO's work and capacity, as well as its application of rules and routines at country level, partly through relevant Swedish missions abroad and partly through 'multi-reporting' whereby several partner countries join together to assess the multilateral organisations' activities at country level.

5. Implementation and follow-up

This strategy is linked to an annual action plan that is followed up at the organisation consultations held at least twice a year between the Government Offices (Ministry of Health and Social Affairs and Ministry for Foreign Affairs), the Permanent Mission of Sweden in Geneva, Sida, the National Board of Health and Welfare and the Public Health Agency

of Sweden. This action plan should clarify the shifting focus and priorities from year to year.
The forms of follow-up are indicated in the Government's guidelines for strategies within Sweden's international development cooperation.

Annex 1
Swedish WHO collaborating centres[7], as listed in WHO's database as of November 2015[8]

Reference	Institution name	City	Title
SWE-25	Karolinska Hospital	Stockholm	WHO Collaborating Centre for Research in Human Reproduction
SWE-28	The Uppsala Monitoring Centre	Uppsala	WHO Collaborating Centre for International Drug Monitoring
SWE-37	Malmö University	Malmö	WHO Collaborating Centre for Education, Training and Research in Oral Health
SWE-52	National Swedish & Stockholm Centre for Suicide Research & Prevention of Mental Ill-Health (NASP)	Stockholm	WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention
SWE-62	Örebro University Hospital	Örebro	WHO Collaborating Centre for Gonorrhoea and Other Sexually Transmitted Infections
SWE-63	Umeå University	Umeå	WHO Collaborating Centre for Verbal Autopsy

[7] WHO collaborating centres are institutions such as research institutes, parts of universities or government agencies that are appointed by the WHO Director-General to conduct activities to support the implementation of WHO's programmes. There are over 700 such collaborating centres throughout the world.

[8] Agreements between WHO and its collaborating centres are signed for four years and the list is thus a living document. The current list can be downloaded from WHO's database: http://apps.who.int/whocc/