REGERINGSKANSLIET

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Sweden's strategy for WHO 2011-2015

Appendix 1: list of WHO's 13 strategic objectives
Appendix 2: list of acronyms

1. Introduction

This strategy forms the basis of Swedish cooperation with the World Health Organization (WHO) during the period 2011-2015. The strategy establishes objectives and forms of cooperation for the work with WHO during the strategy period and specifies how Sweden shall help to strengthen WHO. The strategy also specifies how the responsibilities are divided up among Swedish ministries and national agencies.

The organization strategy governs Sweden's cooperation with WHO on the global as well as the regional and national level. The strategy shall both facilitate the implementation of Swedish international development policy and help to underpin Swedish national health policy. The content of the strategy is guided by Sweden's strategy for multilateral development cooperation, which constitutes a normative framework for Swedish cooperation with multilateral organizations. The strategy is also guided by Sweden's Policy for Global Development (PGD) with its overarching aim of contributing to fair and sustainable global development. The Swedish Government has identified *Communicable diseases and other health threats* as one of the six global challenges for fair and sustainable global development. The specific goal of international development cooperation is to create the opportunities for poor people to improve their living conditions.

The following documents have also guided the direction of the strategy to a varying extent: Sweden's national priorities for health; international agreements and decisions, including relevant WHO resolutions and EU decisions; the United Nations Universal Declaration of Human Rights;

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the Paris Declaration on Aid Effectiveness; and the *Accra Agenda for Action*.

Implementation of the strategy shall contribute to the fulfilment of the thematic priorities established by the Swedish Government; namely achievement of the UN Millennium Declaration and Millennium Goals as well as greater aid effectiveness. The strategy shall also help WHO to apply a holistic approach to its work on global development issues. Implementation of the strategy is established in a joint annual plan of work for Swedish actors. The WHO-related work of Swedish actors is coordinated on a regular basis by means of consultations.

2. The organization in brief: mandate, role and structure

WHO is the UN's specialised agency on health matters and is tasked with the leadership and coordination of international health efforts. According to its constitution, the objective of WHO shall be: "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 and not merely the absence of disease or infirmity". WHO shall be the leading norm-setting actor for health and support member country governments in implementing the best possible health and medical care policies. Furthermore, WHO has the mandate to act as the coordinating authority for global health.

According to its 11th General Programme of Work[1], GPW, the organization's principal long-term policy document, WHO shall:

1. provide leadership on matters critical to health and engage in partnerships where joint action is needed,
2. shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge,
3. set norms and standards, and promote and monitor their implementation,
4. articulate ethical and evidence-based policy options,
5. provide technical support, catalyse change, and build sustainable institutional capacity,
6. monitor the health situation and assess health trends.

WHO's medium-term policy document, the Medium Term Strategic Plan[2], MTSP, breaks down the overarching mission into thirteen strategic objectives (see Appendix 1). It narrows down what WHO is to achieve in the fight against communicable and non-communicable diseases and to prevent violence and accidents during a six-year period up

[1] valid 2006-2015

[2] valid 2008-2013

until 2013. The Programme Budget (PB) constitutes the third level and applies over a two-year period.

WHO has its headquarters in Geneva, Switzerland. In addition, the organization has six regional offices in different continents and country offices in a majority of its 193 member states. It employs a total of about 8 000 people. The organization is governed by an Executive Board (EB) of 34 members from the member states, elected on three-year terms. The board meets twice a year and its main task is to prepare issues prior to meetings of the World Health Assembly (WHA). WHA comprises all the member states and meets in May each year to discuss and decide on WHO's budget, objectives and operations.

The WHO Europe Region (EURO), of which Sweden is a member, is governed by the Regional Committee (RC), in which all 53 member states are represented. An advisory committee, the Standing Committee of the Regional Committee (SCRC), acting as a kind of executive board, advises the Regional Committee. The regional office is located in Copenhagen.

WHO's total budget amounted to USD 4.5 billion in 2009-2010. Almost a billion, or about 21 percent of this is made up of membership fees. The rest comes from voluntary contributions from member states and other donors, some of which are non-earmarked subsidies channelled through a special budget account called the Core Voluntary Contribution Account (CVCA).

3. Sweden's overall view of WHO

It is the Swedish Government's view that WHO, in light of its mandate, role and function as laid down in its constitution and general programme of work, is the leading norm-setting global health actor and is of substantial importance to both developing and developed countries.

The Government considers WHO to be highly relevant to Swedish development policy as a result of its significance in the challenge of improving health, and hence reducing poverty, in the world. WHO also plays a crucial role for health in Sweden, well illustrated by its role in the development of the international health regulations, in the handling of the SARS and avian influenza outbreaks and the pandemic spread of the A H1N1 virus, as well as in the development of the Framework Convention on Tobacco Control.

WHO's role as a development actor should be emphasized, particularly in the work it does to achieve the health-related millennium goals, since the greatest health challenges are in the poorest countries that have the weakest capacity to tackle them. In principle, however, the role of WHO

does not differ vis-à-vis poor and wealthy countries respectively. There is therefore no conflict between being a norm-setting, technical organization on the one hand and a development actor on the other. It is rather the degree of presence and the type of on-site technical support that distinguish what role WHO takes in different countries.

WHO currently faces a number of challenges that affect its chances of fulfilling its task to the full. These relate to both inner and outer factors that affect WHO's internal and external efficiency and the context in which the organization operates.

The opinion of the Swedish Government is that WHO has taken important steps to strengthen its internal efficiency. Decisions have been taken towards more target- and results-driven management and greater financial control. The two-year programme budget is general, easy-to-read and informative. The system of indicators for each of the strategic objectives provides the opportunities for results-driven work. There are shortcomings, however, most of which are associated with how WHO's operations are funded. Budget control is weak and operations are partly governed on grounds other than the decisions taken by WHA and the Executive Board and the priorities expressed in policy documents (GPW, MTSP and PB). The predictability of WHO's funding is very poor in that some programmes have access to more than double the resources budgeted for and others less than half the budgeted amount. Neither is there any clear connection between available resources on the one hand and achievement of targets within the respective programmes on the other. Instead, there are two parallel governance mechanisms - the governing bodies and the financers of voluntary contributions - that lack a clear reciprocal connection, leading to a lack of clarity, inefficiency, poor focus and undermining the legitimacy of the organisation in the long run.

Regarding external efficiency, there is a need to improve the organization's capacity to provide appropriate, needs-adapted technical support of a higher and more consistent quality on the country level. Given that the extent of the needs and WHO operations are greatest in the WHO Africa Region (WHO/AFRO), priority should be allocated to improving quality in this region.

Important external factors relate to WHO's place in what is termed the "global health architecture". The increasing number of actors involving themselves in international health matters has contributed to a complex global structure. Sweden's assessment is that an efficient WHO focusing on its core functions as they are laid down in the General Programme of Work is a cornerstone of the global architecture. A strong and focused WHO would in turn reduce the incentive of other actors to compete for functions that fall within WHO's remit. A prerequisite for increasing efficiency in the system is coherent and clear action by member states.

The large number of partnerships established in recent years that risk duplicating the work done by WHO constitute a major challenge. WHO's partnership strategy represents, together with the Director-General's proposal for financial reform[3], an important step in dealing with this problem. Sweden supports these initiatives and considers their completion to be of utmost importance.

External factors also relate to the handling of new health challenges. Traditionally, WHO has a strong position and substantial experience in combating communicable diseases. WHO's international health regulations have laid a sound foundation for global management of serious health threats. When the H1N1 and avian influenza broke out, WHO demonstrated clear leadership, leading to the necessary joint global action. It is essential that WHO's authority on this area is maintained and in certain respects strengthened. WHO's leadership has been brought into question as regards how to deal with the major communicable diseases: malaria, TB and HIV/AIDS. A major challenge and serious global health threat in the long term is bacteria that develop resistance to antibiotics. This threatens our capability not only to treat simpler diseases but also to provide advanced medical care and requires dedicated and long-term commitment from WHO.

Over the last twenty to thirty years, the global health situation has undergone drastic change. The global disease burden is currently characterised by the fact that not only most causes of death, but also morbidity and disabilities, are dominated by non-communicable, chronic diseases and other ill-health such as violence, including sexual violence, in both developed and developing countries. The vast majority of these health problems affect poor countries. WHO must clarify and strengthen its role in broader, global public health, where the focus is put on health determinants. Efficient health systems are a prerequisite for improved health. Until now, WHO has not been able to take on global leadership in this complex area and needs to play a much more significant role in the future.

WHO's strength lies in its role as a knowledge bank, the high level of trust it enjoys, its integrity, evidence-based foundation and global structure. These strengths create unique opportunities for the organization to step up as the leading norm-setting health actor in a global context.

Sweden's vision for WHO in a four-year perspective is an efficient organization focusing on the world's central health challenges and having strengthened its role and capacity to act in a broader public health arena.

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[3] Document EB128/21: The future of financing for WHO

In conclusion, the Swedish Government considers WHO's central challenges for the future to be:

1. to strengthen the governance of its operations and budget by introducing a results-based model that leads to efficiency improvements within the organization,
2. to focus on its core functions,
3. to clarify the roles and division of responsibilities between its headquarters, regional and country offices,
4. to better match the skills of its workforce with the tasks of the organization, especially at the country level, and to develop its personnel policy and regulations to underpin this,
5. strengthen its contacts with other global health actors, civil society and private actors.

4. Objectives and operations

Sweden has selected five areas for especially close cooperation and dialogue with WHO during the strategy period. The areas have been chosen in consideration of:

- changes in the global health situation,
- Swedish priorities for health,
- areas where Sweden considers there to be both a need and scope for improvements within WHO,
- areas in which Sweden has either a particularly high level of expertise (or other comparative advantages) to contribute, or capacity to and interest in exchanging knowledge and experiences with WHO.

The objectives have also been established based on the fact that Sweden, as a member of WHO, shall work to ensure that the organization's own objectives and strategies can be implemented in the best way. The objectives apply to dialogue and cooperation with WHO on headquarters level, as well as on regional and country level.

The following five areas have been selected based on the above considerations:
1) WHO as an efficient institution,
2) Strong and sustainable health systems,
3) Health promotion and the prevention and control of non-communicable diseases,
4) Serious health threats focusing on antibiotic resistance, and
5) Sexual and reproductive health and rights.

The priorities define the areas in which Sweden intends to play a particularly active and driving role during the strategy period. Sweden will, however, continue to be a constructive actor in the day-to-day work of the governing bodies, including issues that fall outside the strategy.

4.1 WHO as an efficient organization

Sweden wishes to see a WHO that utilises its resources efficiently and transparently and that governs and monitors its operations based on its core functions and set objectives. The responsibility for efficiency improvements within the organization lies primarily with the secretariat but also with the member states. WHO has taken decisive steps towards stronger target and results-driven management, greater financial control and better monitoring. The General Programme of Work, the Medium-Term Strategic Plan with its appurtenant strategic objectives and indicators and the two-year Programme Budget have established a common framework for the operations and budgets of the WHO headquarters and regional offices. A monitoring system for the entire organization is currently being implemented that will contribute to better financial control and transparency.

The attempts to create a special budget line for non-earmarked contributions are commendable and shall be advocated, although they have so far met with insufficient success.

Sweden welcomes the Director-General's review of WHO financial situation and the proposal for reforms. It is natural that this process also includes WHO's role, efficiency and transparency as these issues are inextricably linked to financing. Sweden has a responsibility to participate in this process and help to ensure that constructive solutions are developed, gain widespread advocacy and are implemented.

Sweden's opinion is that the central challenges to render the organization more efficient are to bring about:

1. greater focus on and quality in the organization's core functions - a smaller but sharper WHO,
2. more long-term and predictable funding - fewer and smaller earmarked contributions or an entirely new system of negotiated voluntary contributions,
3. stronger budget-, target- and results-driven management and greater transparency,
4. clearer demands for quality and results in the organization and, linked to this, more expedient recruitment processes,
5. more needs-adapted support of a higher technical quality on the country level,
6. stronger links to other global health actors, the civil society and private actors.

Objective 1: WHO has strengthened the link between objectives, budgets and results.

Measures

Sweden shall:

- monitor results consistently and demand accountability in selected fora, especially in areas mentioned in this strategy,
- promote a focused Medium-Term Strategic Plan for the next period (2013-2019) that is based on WHO's core functions,
- be a constructive party in the process of reviewing WHO financing linked to the ongoing reform work,
- safeguard a coherent Swedish approach in global health fora by means of strengthened internal (Government Offices/national agencies) coordination.

Objective 2: Sweden has been elected to the Executive Board during the strategy period.

Measures

Sweden shall:

- act as vice-chair and chair of SCRC in 2011-2012,
- appoint a WHO attaché at Sweden's permanent mission in Geneva.

Division of responsibilities: The Ministry of Health and Social Affairs and the Ministry for Foreign Affairs are jointly responsible for achieving these objectives.

4.2 Strong and sustainable health systems

Efficient and sustainable health systems that offer both health-promoting and sickness-preventing interventions and care are crucial in order to contribute to good health. In a global health architecture that in recent years has been increasingly characterized by vertical, disease-specific initiatives, WHO has a central role to assist its member states - both developed and developing ones - in their efforts to develop efficient health and medical care systems.

WHO has developed a strategy, *Framework for Action*, that gives a global definition of a health system and its six building blocks, and identifies what WHO can do to assist its member states to improve health system results. This work is commendable but as yet has had insufficient impact both on the organization itself and in countries in which WHO operates.

The functions relating to health personnel supply, funding for health and information and monitoring systems are particularly important.

WHO and its country offices play a key role in poor countries since poor countries have the weakest health systems and simultaneously face the toughest health challenges. The quality of support at the country level varies considerably. WHO's support to countries to help enhance their capacity to develop, implement and monitor national health plans should be strengthened and adapted to the needs of individual countries.

To safeguard quality and good health outcomes, national health plans should contain a rights perspective enshrining non-discrimination, accountability, participation and transparency. These plans must also take a clear poor people's perspective. Special attention should be given to ill-health among women and girls, who, as a result of discriminatory structures, poor resources, etc., are seldom given access to care on the same terms as men and boys. Furthermore, women and girls often have no access to sexual and reproductive health and rights, as well as care on account of violence, including sexual violence. Links between the environment and health should also be made, including the health and environmental effects of climate change, the health risks for children and other vulnerable groups concerning poor environment; as well as labour and living conditions in the form of a lack of water, sanitation and indoor environment and risks associated with hazardous chemicals and nanoparticles[4].

Objective: WHO has strengthened its support to the development of health systems in member states.

Measures

Sweden shall

- work to ensure that WHO enhances its support to health system development in member states, especially aimed at assisting poor and vulnerable groups, in particular women and girls,

- work to ensure that the WHO *Framework for Action* has an impact and to increase knowledge of what constitutes an efficient health system,

- encourage WHO to develop its cooperation with the World Bank, the Global Fund, GAVI, UNFPA, UNICEF and UNEP aimed at strengthening evidence-based work, which includes

[4] Parma Declaration on Environment and Health (WHO/Europe and UNECE, March 2010)

knowledge of gender-based differences, in order to help enhance countries' health systems,

- work to ensure that WHO develops a clearer connection between health system improvement, public health and sexual and reproductive health and rights and the right to health through more efficient internal cooperation structures,

- work to ensure that WHO strengthens its technical support at the country level and adapts it to the specific needs of individual countries.

Division of responsibilities: The Ministry of Health and Social Affairs and the Ministry for Foreign Affairs are jointly responsible for achieving this objective. The Ministry of the Environment is responsible for the environmental aspects.

4.3 Health-promotion and prevention and control of non-communicable diseases

As mentioned earlier, non-communicable diseases make up 60 percent of the global disease burden and dominate ill-health in five out of six WHO regions. In Europe, they constitute as much as 80 percent of the burden. There are strong links between the individual risk factors of alcohol, tobacco, unhealthy eating habits and physical inactivity and the major public health problems of cardio-vascular disease, cancer, diabetes, respiratory diseases and TB. By means of coherent initiatives targeting these risk factors, synergy effects can be achieved in order to combat non-communicable diseases including violence, injuries and mental ill-health. The starting-point for preventing non-communicable diseases globally, regionally and locally should therefore be to promote health and limit these key risk factors.

The five highest-ranked global risks for mortality in the world are: hypertension, use of tobacco, high blood sugar content, physical inactivity and overweight/obesity. These factors significantly increase the risk of chronic disorders such as cardio-vascular disease and cancer. If we look at the collective effect of different factors for both disease and premature death measured in Disability Adjusted Life Years (DALYs) - a general measure that considers premature death, morbidity and disability - the primary global risk factors are malnutrition, unsafe sex and alcohol. Measured in DALYs, the foremost risks in the European Region are tobacco and alcohol with overweight/obesity in fourth place. Harmful alcohol consumption also constitutes a significant risk factor for death caused by road traffic, violence, mental ill-health and social exclusion.

A number of strategies and action plans form a good basis for the work to promote health and prevent non-communicable diseases[5]. Given the significance of non-communicable diseases in the global disease burden, it is vital for WHO to strengthen its capacity in order to implement these strategies.

Objective: WHO has reinforced its efforts to promote health and prevent and control non-communicable diseases.

Measures

Sweden shall:

- take an active part in the global fight against non-communicable diseases by assisting WHO in its implementation of the global strategy combating non-communicable diseases,
- assist in the development, implementation and monitoring of the International Framework Convention on Tobacco Control,
- assist in the implementation of the Global Strategy to Reduce the Use of Alcohol and the European Alcohol Action Plan,
- assist in the implementation of the Strategy and Action Plan for Diet, Physical Activity and Health.

Division of responsibilities: The Ministry of Health and Social Affairs has the main responsibility for achieving this objective.

4.4 Serious health threats focusing on antibiotics resistance

The outbreaks of the avian and H1N1 influenza and SARS in recent years have clearly demonstrated the importance of international cooperation regarding our preparedness for and handling of serious health threats. This is a key issue not least because the level of preparedness in the face of serious health threats differs between poor and wealthy countries, as a result of both economic and social factors such a weak health systems and lack of access to effective medical drugs in the poorest countries. Furthermore, these health threats can have major consequences for people already adversely affected by diseases such as HIV/AIDS, TB, malaria, bronchitis and diarrhoea. WHO's international health regulations form a solid platform for global cooperation. Effective national initiatives require global leadership and

[5] Global action plan to combat communicable diseases, Global strategy to combat harmful use of alcohol, Framework Convention on Tobacco Control, Global Strategy on Diet, Physical Activity and Health and the European Action Plan For Food and Nutrition (including Physical Activity).

coordination and presuppose that the rest of the world follows international agreements and takes preventive measures. WHO's leadership role is absolutely vital. It is important that the organization's role, capacity and legitimacy are maintained and strengthened.

A growing global health threat is bacteria that develop resistance to antibiotics. As a result of over- and incorrect use of antibiotics, a resource has been abused rendering several products ineffective already. There is a risk of even more serious consequences in the form of an absence of effective medical drugs against a number of diseases, and major difficulties in providing advanced medical care. The incorrect and overuse of antibiotics is also a major problem in the poorest countries. Furthermore, the lack of access to effective antibiotics creates specific problems for poor countries.

For several years now, Sweden has been highlighting the problems of antibiotics resistance and trying to bring about more intensive global cooperation. Sweden was a driving-force behind the WHA decision on a global strategy in 2001 and adoption of a resolution in 2005. This strategy, which imposes a responsibility on both WHO and its member countries, stresses the need for monitoring the development of resistance, rational antibiotics use and effective diagnostics aimed at reducing antibiotics resistance. WHO must now muster strength on a global level in order to combat this negative trend. This includes both policy work and the establishment of structures and institutions as well as cooperation on specific action areas. Given the enormous importance of the problem and Sweden's considerable experience and competence in the matter, the Government has elected to prioritize antibiotics resistance during the strategy period.

Objective: WHO has taken on global leadership aimed at achieving rational antibiotics use and reducing resistance to them.

Measures

Sweden shall

- work to ensure WHO establishes a plan of work to combat antibiotics resistance, including an appropriate organizational structure and division of responsibilities,

- support the establishment of a global system for monitoring resistance trends and the disease burden linked to measures on the global, regional and local level,

- work to ensure WHO monitors the effects of measures on global, regional and local level aimed at more rational antibiotics use.

Division of responsibilities: The Ministry of Health and Social Affairs has the main responsibility for achieving this objective.

4.5 Sexual and reproductive health and rights

In Sweden's opinion, WHO, as the leading norm-setting authority in the health arena, has a central role in strengthening people's sexual and reproductive health and rights. Access to good sexual and reproductive health and rights is crucial to the promotion of human health in general and in securing the integrity of women and girls and their right to decide over their own bodies in particular. This is a question of strengthening medical care systems that provide adequate sexual and reproductive health care, including access to sexual guidance and contraception as well as to safe and legal abortion.

Sexual and reproductive health and rights are crucial to promoting more equal conditions between women and men, reducing maternal mortality, achieving the UN Millennium Goals and combating the spread of HIV. WHO should stress that sexual and reproductive health and rights concern both women and girls as well as men and boys and are also an important issue for homosexual, bisexual and transgender persons' rights, that are de facto violated in many countries.

WHO's strategy on sexual and reproductive health lays a solid foundation. The resources for implementing it are however severely limited, which exacerbates more active and strategic efforts, both as regards the formulation of research agendas, development of norms and standards, action for ethical and evidence-based policy, technical support and also more fundamental global monitoring and trend analysis. Here, WHO should work more closely with other UN bodies, especially UNFPA and UNICEF.

Objective: WHO has integrated sexual and reproductive health and rights issues more clearly into its operations.

Measures

Sweden shall

- work to ensure sexual and reproductive health and rights are given more prominence in the next budget and Medium-Term Strategic Plan,

- work to ensure WHO increases the synergies between the efforts to combat HIV/AIDS and sexual and reproductive health and rights, as part of the work on human rights,

- work to ensure WHO clearly accentuates sexual and reproductive health and rights in its work on family health, including a follow-up of the UN Secretary-General's initiative on maternal and child health,

- encourage a follow-up of the recommendations made in the WHO report "Women and Health", including those pertaining to sexual and reproductive health and rights,

- work to ensure WHO integrates sexual and reproductive health and rights into its efforts to improve health systems and primary health care.

Division of responsibilities: The Ministry for Foreign Affairs has the main responsibility for achieving this objective.

5. Forms of cooperation

Swedish actors and cooperation

Several actors are affected by the implementation of this strategy and close cooperation among them is crucial.

The Ministry of Health and Social Affairs is the lead authority for WHO and therefore bears the ultimate responsibility for leading and coordinating other relevant Swedish actors to implement the strategy. This mainly involves the Ministry convening and leading consultations and working group meetings, ensuring that Swedish positions and points of view are prepared and agreed upon prior to meetings and keeping the relevant parties up-to-date on the situation and the continuing process. The Ministry is also responsible for drafting organizational assessments and plans of work.

The Ministry for Foreign Affairs has an important role in the implementation of the strategy and is responsible for taking an active part in and contributing to the work in partnership with other relevant ministries and with the relevant national agencies. Sida, the National Board of Health and Welfare, the Swedish National Institute of Public Health and the Swedish Institute of Infectious Disease Control are among the agencies that cooperate with WHO and with the Ministry of Health and Social Affairs to provide expert knowledge. Cooperation may take the form of supplying the Ministry with background documentation, participating in meetings and organization consultations and in the dialogue with WHO. Other agencies may also be affected.

Sweden's mission in Geneva has an important function both as regards promoting Swedish standpoints and conveying information on important issues back to Sweden. The mission also has a central strategic function in establishing and maintaining close and good contacts with key protagonists in the implementation of the strategy.

The relevant Swedish foreign missions are responsible as far as possible for monitoring and reporting of WHO's work on the country level, including taking part in lobbying activities and donor dialogues. The mission in Geneva and other foreign missions participate in consultations and other meetings as the need arises. Other actors are also invited if necessary.

The division of responsibilities as regards the strategy objectives is outlined under each area respectively in Section 4.

Fora for cooperation

Externally

WHA: The Ministry of Health and Social Affairs is responsible for drafting and preparing instructions. These preparations always include the Ministry for Foreign Affairs and the mission in Geneva. The Ministry of Health and Social Affairs appoints the delegation leader and puts the delegation together. It is also responsible for compiling a report from the meeting and any follow-up that needs to be done.

Executive Board: The Ministry of Health and Social Affairs is responsible drafting and preparing instructions for the meeting. These preparations always include the Ministry for Foreign Affairs and the mission in Geneva. The Ministry of Health and Social Affairs is furthermore responsible for compiling and disseminating a report from the meeting.

Intergovernmental negotiation processes and working groups: The Ministry of Health and Social Affairs is responsible for drafting and preparing instructions. These preparations always include the Ministry for Foreign Affairs and the mission in Geneva. The Ministry of Health and Social Affairs appoints the delegation leader and puts the delegation together. It is also responsible for compiling a report from the meeting and any follow-up that needs to be done.

High-level meeting: The Ministry of Health and Social Affairs leads the annual high-level meetings with WHO's highest executive. The purpose of these meetings is to exchange thoughts and ideas using the strategy as a starting-point and to lay the foundations for discussions on Sweden's voluntary contribution to WHO. The Ministry of Health and Social

Affairs is responsible for drafting and preparing background documentation prior to the meeting and for reporting from the meeting.

RC: The Ministry of Health and Social Affairs is responsible for drafting and preparing instructions, putting the delegation together and appointing a leader, and is responsible for compiling and disseminating reports.

SCRC: Sweden is a member of SCRC, as vice chair in 2010-2011, as chair in 2011-2012 and ex Officio in 2012-2013. The Ministry of Health and Social Affairs is responsible for drafting meeting memoranda and, together with the National Board of Health and Welfare, a report that is then disseminated to the relevant actors.

EU consultations: The general action Sweden takes in WHO should be based on its EU membership and cooperation within the EU shall always be the aim. The Ministry of Health and Social Affairs is responsible for drafting and preparing instructions. The Representation is responsible for participating in the meeting, and for compiling and disseminating a report.

Nordic consultations: Nordic cooperation is a central forum for information exchange for Sweden and in cases where there are no clear EU positions, Sweden should seek support in this forum. As a result of its place on SCRC, Sweden is responsible for the consultations prior to regional committee meetings (normally once a year) and should Sweden be elected onto the executive board, it will have the equivalent consultation responsibility for the board and WHA (normally twice a year). The Ministry of Health and Social Affairs is responsible for calling the relevant parties to the meeting, drafting meeting memoranda and writing/disseminating a report.

Cooperation with other parties and in fora other than those mentioned above is also relevant and should take place when it is considered of interest for implementation of the strategy. Sweden should above all take part in meetings, etc., with the Geneva Group, with other like-minded countries and major WHO donors and with key actors in the different regions.

Internally

Consultation: The Ministry of Health and Social Affairs is responsible, according to the multi-strategy, for convening and leading consultations and for reporting and follow-up. Consultations should take place twice a year.

Working group meetings a working group to implement and monitor the strategy meets on a regular basis. The Ministry of Health and Social Affairs is responsible for leading and convening the group, which may

have different constellations depending on the issue at hand but always consists of a core of members from the Ministry of Health and Social Affairs and the Ministry for Foreign Affairs and relevant agencies.

Sweden's contribution to WHO

Sweden's financial support to WHO comprises a membership fee (assessed contribution) plus voluntary contributions at global, regional and national level.

Membership fee

Sweden's membership fee to WHO amounted to about USD 4 974 410 in 2010. It is disbursed by the Legal, Financial and Administrative Services Agency following a decision by the Ministry of Health and Social Affairs.[6]

Voluntary contributions

Sweden's voluntary contribution to WHO on the headquarters level currently consists of a core budget-like support, and of earmarked (multilateral, bilateral) support[7].

Sweden's voluntary contribution is an important instrument to implement the organization strategy. The channelling of all aid contributions shall be guided by Swedish development cooperation policies and strategies. Especially relevant in this context is the strategy for global subject-strategic development initiatives, the policy for Sweden's international HIV/AIDS work, as well as the policy for research within development cooperation and the strategy for Sida's support to research cooperation. The support is prepared by Sida in consultation with the relevant actors and discussed at the annual WHO consultations.

When it is deemed to be particularly important, Sweden shall, as a complement to this strategic objective, also be able to fund initiatives in areas where WHO efforts are highly relevant for development cooperation. This applies especially to multilateral and bilateral support on the country level that constitutes targeted support to WHO to implement the cooperation strategy for that country. If such support represents a deviation from the priorities in the organization strategy, special justification shall be given.

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[6] 76% of the membership fee fulfills OECD/DAC:s criteria for development aid.

[7] 100% of the voluntary contributions fulfill OECD/DAC:s criteria for development aid.

6. Implementation and follow-up

The strategy is operationalized in an annual plan of work for the relevant actors. This plan concretizes how Swedish activities are to be pursued in order to implement the measures in the strategy and contribute to achievement of strategic objectives. The plan is developed by the lead authority in cooperation with the relevant actors. It defines activities and divides responsibilities for implementation among the various actors. Based on the plan, results are followed up within the framework of the consultations. The plan of work is disseminated to the relevant actors within the Government Offices and national agencies.

Sweden is a small country and is dependent on finding support from other countries to implement the strategy. Our good cooperation with the Nordic region, within the EU and with other leading countries is central in this respect.

The lead authority is responsible for the implementation and reporting of a joint annual follow-up of results from the plan of work. The results follow-up is implemented within the framework of the consultations based on the plan of work. It also forms the basis of the following year's plan. A more detailed results analysis of the strategy is carried out towards the end of the strategy period.

Appendix 1

WHO's 13 strategic objectives in the Medium-Term Strategic Plan 2008-2013

1. To reduce the health, social and economic burden of communicable diseases.
2. To combat HIV/AIDS, tuberculosis and malaria.
3. To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries and visual impairment.
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
6. To promote health and development, prevent and reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.
11. To ensure improved access, quality and use of medical products and technologies.
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.

Appendix 2

List of acronyms

CVCA: Core Voluntary Contribution Account
DALY: Disability Adjusted Life Years
EB: Executive Board
EU: European Union
UN: United Nations
GPW: General Programme of Work
MTSP: Medium-Term Strategic Plan
OECD/DAC: the Development Assistance Committee of the Organisation for Economic and Co-operation and Development
PBAC: Programme, Budget and Administration Committee
RC: Regional Committee
SCRC: Standing Committee of the Regional Committee
WHA: World Health Assembly
WHO: World Health Organization