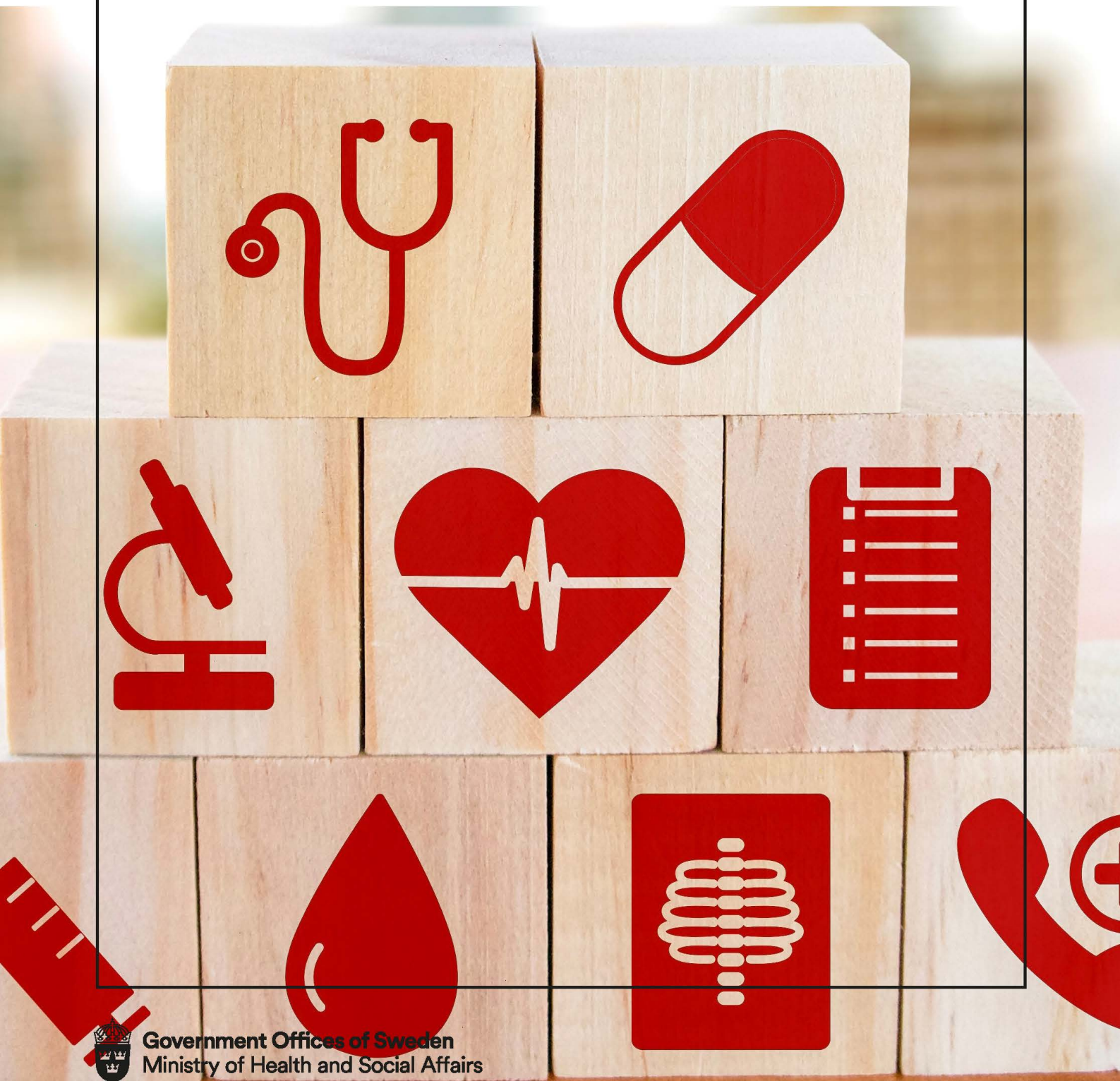


# Strategy for Sweden's cooperation with the World Health Organisation (WHO) 2021–2025



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## 1. Scope of the strategy

This strategy will form the basis of Sweden's cooperation with the World Health Organization (WHO) from 2021 to 2025. It sets out objectives, priorities and working procedures. The strategy directs the Government Offices of Sweden and relevant missions abroad. The support channelled by Sida and other government agencies through multilateral organisations, known as multi-bi support, will be in harmony with Swedish priorities and approaches in relation to multilateral organisations.

The purpose of the activity within the context of the strategy is to contribute to national healthcare policy, the implementation of the public health policy framework<sup>1</sup>, Swedish development policy and Sweden's work on global health, aligned with Swedish policy on global development and the implementation of Agenda 2030. The strategy guides Sweden's cooperation with WHO at each of WHO's three levels: global, regional and national.

## 2. The organisation's mandate and activities

WHO is the UN's specialised agency for health, tasked with leading and coordinating global health, supporting member states' governments to implement the best possible healthcare policies and to act as the coordinating authority for global work on health. WHO's overriding objective is set out in the organisation's constitution and is "the attainment by all peoples of the highest possible level of health", where health is described as "a state of complete physical, mental and social well-being".<sup>2</sup>

WHO's objectives are primarily described in two governing documents: the *General Programme of Work (GPW)* <sup>3</sup> and the programme budget. The GPW is a five-year programme of work that establishes overriding objectives and outcomes. The programme budget is set every other year and establishes WHO's expected direction and results for the two-year period in question. The programme of work for 2019-2023 is the thirteenth under the arrangement. It is based on Agenda 2030 and sets out WHO's three strategic priorities, known as the Triple Billion Targets.

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<sup>1</sup> Good and equitable health – an advanced public health policy (Bill. 2017/18:249)  
<https://data.riksdagen.se/fil/7DFAC6CD-6BBC-476E-BB21-740C5A575867>

<sup>2</sup> The World Health Organization's constitution: [https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf#page=7](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=7)

<sup>3</sup> Thirteenth General Programme of Work 2019-2023  
<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

The Triple Billion Targets mean that a billion more people will benefit from universal health coverage (UHC), a billion more people will be better protected from health emergencies and a billion more people will enjoy better health and well-being. The programme also includes a fourth priority, which aims to enhance efficiency within WHO and improve support to member states.

## **2.1 Sweden's overall view of WHO**

Prior to the development of this strategy, the Government Offices of Sweden undertook an assessment of WHO, assessing the relevance of the organisation to Sweden's development policy and its outcomes and performance. The assessment states that WHO contributes to all Swedish thematic areas within the *Policy framework of Swedish development cooperation and humanitarian assistance* (Govt. Comm. 2016/17:60), with the emphasis on improved basic health, lives saved, distress alleviated and human dignity upheld.

The strength of the organisation lies in the normative role it plays as broker of evidence-based knowledge and data. This work is recognised and is important for all countries, whether high, medium or low-income countries. WHO's role is key, and its work on data collection and analysis is vital in enabling comparisons to be made between countries and globally. Also, in development cooperation, WHO has an important role to play in the global humanitarian system where it acts as coordinator for health. WHO plays a key role in implementing several of the Agenda 2030 goals and interim goals, with Goal 3 (Good Health and Well-being) as the point of departure for its work.

Since the greatest health challenges are in low and medium-income countries, where the capacity to manage the challenges is weakest, the organisation's role as a developmental actor should also be noted. WHO's role in different countries differs primarily in the extent of its presence and the type of technical support. However, WHO's important role as a developmental actor is different from the role played by more operational developmental actors such as UN funds and programmes.

WHO's relevance has increased as it has improved its emergency preparedness and response and with its enhanced role as an operational humanitarian actor. The organisation has undertaken reforms in order to implement changes in emergency preparedness. Since 1969, it has overseen

the world's first international regulations on managing communicable diseases, the International Health Regulations (IHR). In addition to these regulations, WHO has established the *WHO Health Emergencies Programme (WHE)* and appointed an oversight committee for the programme, the *Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)*.

## **2.2 The COVID-19 pandemic**

The spread of COVID-19 across the world in 2020 has illustrated the importance of appropriate and sustainable global health architecture. Besides the consequences of the virus in terms of illness and mortality, the pandemic has also had a major adverse impact on countries' health systems and on society as a whole. The pandemic is likely to increase health inequities between population groups and it has affected the ability to achieve the global goals, particularly Goal 3.

At the World Health Assembly in May 2020, WHO member states adopted a resolution on COVID-19. In the resolution, WHO undertakes to initiate a number of reviews, including reviews of the global response to COVID-19 led by WHO, the WHO Health Emergencies Programme and the International Health Regulations. The outcomes of the evaluations will define WHO's work in the coming years. Sweden should play an active role in the further development of WHO on the basis of the evaluations. The IHR has long been a core issue in Sweden's cooperation with WHO and remains a priority in the Government's strategy.

## **3. The organisation's mandate and activities**

### **3.1. Starting position for prioritisation**

Sweden will engage in dialogue and advocacy and make financial contributions to help WHO fulfil its overall mission and implement its strategic plan. The strategy is based on WHO's mandate and strategic governing documents.

Sweden will lead the way on the implementation of the 2030 Agenda. WHO's work on the health-related goals in the Agenda is therefore very important. The Government's WHO strategy forms part of Sweden's

implementation of Agenda 2030 and the Global Goals for sustainable development. The strategy links to all the goals in Agenda 2030, particularly Goals 1, 2, 3, 5 and 10.

The focus of Sweden's cooperation with WHO builds on current national and international health priorities, issues that Sweden is pursuing as a priority in the area of development policy, changes in the state of global health and areas within WHO where Sweden has identified a need and ability to improve. WHO's work should seek to take a broad approach to health.

WHO's normative and information-generating work is very important to Sweden. For example, WHO's publication of the International Classification of Diseases (ICD), forms the basis of the ability of healthcare systems to identify trends and generate comparable statistics, and also constitutes the global standard for reporting diseases, injuries and other health conditions, classifying diagnoses for clinical use and for research and recording deaths.

The objective of Swedish international aid is to enable better living conditions for people living in poverty and under oppression (bill 2013/14:1, expend. area 7, report 2013/14:UU2). Sweden's development cooperation constitutes an element of the country's implementation of Agenda 2030 (bill 2019/20:188) and will be based on the principles of effective aid and development and the principles of Agenda 2030, the Addis Ababa Action Agenda and the Paris climate agreement. Cooperation with WHO will also be guided by the Policy framework of Swedish development cooperation and humanitarian assistance (Govt. Comm. 2016/17:60) and Guidelines for strategies in Swedish development cooperation and humanitarian assistance (UD2017/21053/IU).

### **3.2. Cross-cutting perspectives**

Sweden's cooperation with WHO builds on Swedish healthcare policy and development policy. The guiding principle of Agenda 2030, that no-one is to be left behind, is both a condition for sustainable development and a goal in itself. Agenda 2030 is to be seen as a common framework that unites the rights perspective, the equality perspective and the gender equality perspective, and also the circumstances of specific groups such as children and young people and individual issues. The three perspectives are to be seen as elements that are essential for achieving sustainable development.

**Rights perspective:** The rights perspective means that human rights and democracy are to be seen as fundamental to development. Sweden will endeavour to achieve visibility for individuals and groups facing discrimination, exclusion and marginalisation. The aim is to ensure that all people are able to enjoy their rights irrespective of gender, age, disability, ethnic origin, religion or other belief, sexual orientation, transsexual identity or expression. The rights perspective incorporates a children's rights perspective. The UN Convention on the Rights of the Child became Swedish law on 1 January 2020.<sup>4</sup>

**Gender equality perspective:** Sweden will endeavour to ensure that gender equality is taken into consideration in all aspects of WHO's policy work, in the organisation's internal work, in the implementation of WHO's country programmes and in the monitoring of the outcomes of this work. The aim is to ensure that women and men, girls and boys, have the same opportunity to achieve long-term good health.

**Equality perspective:** Sweden will endeavour to ensure that equality is taken into consideration in WHO's policy work, in the implementation of WHO's country programmes and in the monitoring of the outcomes of this work where relevant. Health inequalities between different groups in society must be addressed. The aim is to create better conditions for good, equitably distributed health and close avoidable health gaps between different socio-economic groups.

### **3.3. Operational priorities**

The starting point and structure for Sweden's WHO strategy 2021–2025 are provided by WHO's thirteenth strategic programme of work. The operational priorities in the strategy follow the pillar structure in WHO's strategic programme of work. The various pillars are interlinked and mutually dependent.

Sexual and reproductive health and rights (SRHR) is a cross-cutting area that features in all the pillars in the strategy. The right to be in charge of one's own body, sexuality and reproduction is a fundamental one. Sexual and reproductive health and rights are a key part of the public health framework and form part of Sweden's feminist foreign policy. In order to achieve

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<sup>4</sup> The UN Convention on the Rights of the Child:  
<https://svenskfattningssamling.se/sites/default/files/sfs/2018-06/SFS2018-1197.pdf>

equitable and good health, and to ensure, for example, that women are able to seek relevant healthcare, *Comprehensive Sexuality Education (CSE)* is essential. Sweden will endeavour to ensure that WHO undertakes its work in accordance with the Guttmacher-Lancet Commission's definition of SRHR.<sup>5</sup>

In 2016, the Swedish Government adopted its Vision for eHealth 2025.<sup>6</sup> The aim of the vision is for Sweden to become the best in the world at using the opportunities offered by digitalisation and eHealth to make it easier for people to achieve good, equitable health and well-being, and to develop and extend their own resources for increased independence and participation in society. Sweden should therefore endeavour to ensure that digitalisation is seen as essential for achieving the objectives in the pillars in WHO's strategic programme of work. The areas of WHO's work that Sweden intends to prioritise during the period of the strategy are outlined below. Sweden will also continue to be a constructive player in the ongoing work within the governing bodies, including in respect of issues that fall outside the scope of the strategy.

#### Pillar 1. Universal Health Coverage, UHC) (SDG: 1.3, 1.5, 3.8, 3.b, 3.c, 5.6)

- Sweden will endeavour to ensure WHO provides enhanced support to countries for the development of their health and welfare systems and increased access to universal healthcare (UHC) (Outcome 1)<sup>7</sup>. Sweden will also underline the importance of promoting the development of social welfare systems that reduce the financial risk to individuals of high care costs.
- Sweden will endeavour to ensure sustainable and equitable access to medical products and vaccines (Outcome 1.3)<sup>8</sup> internationally and continue to stress the importance of WHO supporting countries to

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<sup>5</sup> Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights <https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary>: Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

<sup>6</sup> Vision eHealth 2025: <https://www.regeringen.se/499354/contentassets/79df147f5b194554bf401dd88e89b791/vision-e-halsa-2025-overenskommelse.pdf>

<sup>7</sup> Outcome 1: Strengthened health systems in support of universal health coverage without financial hardship, including equity of access based on gender, age, income, and disability, <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

<sup>8</sup> Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care



develop, strengthen and implement vaccination programmes in order to strengthen health promotion initiatives and disease prevention work.

- Sweden will continue to support WHO in its work to combat anti-microbial resistance (AMR) in line with the global action plan on anti-microbial resistance<sup>9</sup> (AMR) (Outcome 6)<sup>10</sup> and endeavour to ensure there is a greater focus on AMR issues on the global agenda through involvement in initiatives such as the One Health Global Leaders Group and the Alliance of Champions. Sweden will also promote enhanced cooperation between WHO and relevant UN bodies.

## **Pillar 2. Better protection against health emergencies (SDG: 3.3, 3.d, 5.6)**

- Sweden will endeavour to strengthen the capacity and ability of the global health architecture to respond to cross-border health threats by encouraging WHO and its partners to show leadership and take coordinated action. (Outcome 2).<sup>11</sup>
- Sweden will press for all member states to fully implement and comply with the International Health Regulations.
- Sweden will endeavour to ensure that WHO's work on communicable diseases focuses particularly on a reduction in the number of new cases of disease, prevention and monitoring systems, key groups and the strengthening of national health systems (Outcome 5).<sup>12</sup>

## **Pillar 3: Healthier lives (SDG: 3.4, 3.a, 2.1, 2.2, 5.6)**

- Sweden will press WHO to adopt a broad perspective in their work on health so that it includes enabling people to achieve good health and well-being at all stages of their lives. Sweden will support WHO's

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<sup>9</sup> Global Action Plan on Antimicrobial Resistance:  
[https://apps.who.int/iris/bitstream/handle/10665/193736/9789241509763\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/193736/9789241509763_eng.pdf?sequence=1&isAllowed=y)

<sup>10</sup> Outcome 6: Antimicrobial resistance decrease.

<sup>11</sup> Outcome 2: Strengthened national, regional, and global capacities for better protecting people from epidemics and other health emergencies and ensuring that populations affected by emergencies have rapid access to essential life-saving health services, including health promotion and disease prevention.

<sup>12</sup> Outcome 5: Accelerated elimination and eradication of high-impact communicable diseases.

work on more equitable health by addressing social, environmental and financial determinants of health and well-being.

- Sweden will endeavour to ensure that WHO continues to develop, and supports member states in applying standards and policy proposals to prevent and control non-communicable diseases, including mental ill-health, with a focus on reducing the incidence of risk factors relating to alcohol, tobacco, unhealthy eating habits and physical inactivity and promoting a healthy nutritional intake (Outcome 4).<sup>13</sup>
- Sweden will endeavour to ensure that issues concerning environmental effects on health continue to be given importance. Sweden will press WHO to continue to work and cooperate with UNEP and other UN organisations on combatting pollution so that people are less exposed to air pollution and hazardous substances. Sweden shall also endeavour to minimise the negative impact on people's health of climate change and biodiversity loss.
- Sweden will endeavour to prevent and counter all forms of gender-related violence and violence against children, including mental, physical and sexual violence in all situations and settings, and provide technical expertise for WHO's work on violence and harm prevention.
- Sweden will endeavour to ensure that WHO's Decade of Healthy Ageing initiative<sup>14</sup> has a major impact in WHO's member states and partners (Outcome 3),<sup>15</sup> focusing on enabling older people to live active lives, have influence in their communities and over their day-to-day lives, be treated with respect and have access to good health and social care that is both equitable and provides for gender equality.
- Sweden will support WHO's work on more equitable health through measures relating to social determinants of health and well-being,

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<sup>13</sup> Outcome 4: Noncommunicable diseases prevented, treated, managed, and their risk factors controlled, and mental health prioritized and improved.

<sup>14</sup> Decade of Healthy Ageing 2020-2030: [https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc\\_5](https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5)

<sup>15</sup> Outcome 3: Improved human capital across the life course.

such as the environment and health, social security provision and UHC, and a focus on prevention. This work will prioritise groups that are particularly vulnerable, for example people abusing or dependent on alcohol or drugs. Sweden will endeavour to ensure that WHO's collected evidence-based body of knowledge is safeguarded.

#### **4. Priorities relating to the organisation's way of working**

In the assessment of WHO undertaken by the Government Offices of Sweden, WHO is deemed to be an increasingly reflective organisation, aware that it has a more and more important global role in a rapidly changing world. As part of a process of reform in recent years, WHO has made significant progress on increasing its internal efficiency. It has focused on robust internal controls, more efficient organisation of programme areas, stronger results-based management and reformed HR policies. The three levels within WHO, and also the way they are linked and what the needs are, have become clearer during discussions about the organisation and its way of working. However, WHO still has work to do if it is to achieve a completely satisfactory performance in terms of ensuring it is relevant and flexible.

WHO's funding model remains a weakness. The fixed income provided by membership fees is a small proportion of the budget and the organisation continues to be dependent on a small number of major donors. The proportion of earmarked funds increases each year. A high level of earmarked funding is challenging for WHO's internal and external efficiency, as such funding often requires separate reporting and can hamper programme implementation. It can also limit how far the organisation is able to adapt and be flexible. WHO has had limited success to date in its efforts to diversify and broaden its donor base. For Sweden, the funding of the organisation is a priority issue. Most of Sweden's voluntary contributions to WHO fall under two headings: i) non-earmarked funding, and ii) contributions to various research programmes. There is also an increased focus on strengthening WHO's country work, for example by increasing resource allocations for country-level activity and the monitoring framework.

In light of the COVID-19 pandemic and the global response led by WHO, three independent evaluations of WHO's work have been instigated and a special working group has been appointed to review the funding model. The recommendations from these evaluations and the working group's recommendations will be key in the continued work on reform. Sweden

should press for the recommendations to be in line with the Government's strategy for WHO.

Starting from the Government's assessment of WHO and Sweden's potential to make a difference, the Government aims to pursue the following priorities relating to the organisation's way of working:

#### **Pillar 4: WHO's objectives, budget and results**

- Sweden will endeavour to ensure that WHO's country-level work is strengthened where there are local needs, for example by further strengthening and customising WHO's technical support at country level, increasing resources in countries and for the monitoring framework, and ensuring that there is a better match of expertise and tasks at the country offices.
- Sweden will improve strategic governance capability in WHO's governing bodies by requiring regular, transparent, clear and appropriate monitoring and feedback of the organisation's work at all three levels.
- Sweden will endeavour to ensure that governance of WHO is effective and results-based by requiring accountability and transparency (Outcome 9, Outcome 10).<sup>16 17</sup>
- Sweden will endeavour to ensure that WHO operates in accordance with the Framework of Engagement with Non-State Actors (FENSA).<sup>18</sup>
- Sweden will endeavour to ensure there is greater cooperation within the UN system, for example within One Health, which observes the links between ecosystems and human and animal health, and good coordination with other regional and local actors around the implementation of Agenda 2030.

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<sup>16</sup> Outcome 9: Strengthened leadership, governance, management, and advocacy for health.

<sup>17</sup> Outcome 10: Improved financial, human, and administrative resources management towards transparency, efficient use of resources, and effective delivery of results.

<sup>18</sup> Framework of Engagement with Non-State Actors: [https://apps.who.int/gb/ebwha/pdf\\_files/wha69/a69\\_r10-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf)

- Sweden will press for greater financial sustainability and predictability, for example by continuing to work to reduce earmarking and to broaden the donor base.

## 5. Advocacy and forms of collaboration

The Government will work actively to ensure the above priorities have impact through:

- Continuous and consistent bilateral dialogue with WHO at both the policy and officer level.
- Monitoring the reporting in WHO's financial and programme reports (results and costs) and audit reports.
- Collaborating with like-minded countries on issues of strategic importance, including through Nordic and European partnerships and cross-regional partnerships.
- Collaborating with WHO and other actors in order to highlight common key issues by arranging joint events and other activities in international fora.
- Working with like-minded countries in WHO's governing bodies on issues of strategic importance to Sweden.
- Contributing Swedish technical expertise and, where possible, strategic secondments.
- Making use of opportunities to influence WHO, for example by proposing candidates for strategic posts.

The main responsibility for Sweden's relationship with WHO lies with the Government Offices (Ministry of Health and Social Affairs). To ensure advocacy work is strategic, consistent and effective, the relevant ministries and agencies will cooperate closely and share knowledge. This applies particularly to the Swedish Ministry for Foreign Affairs, the Swedish Mission in Geneva, the Public Health Agency of Sweden, the Swedish National Board of Health and Welfare and Sida. Civil society organisations, professional organisations, trade unions, academic institutions, WHO

collaborating centres and others will be invited to be involved in the advocacy work.

Consultative sessions will be held at least once a year with the relevant parties with the aim of sharing experiences from joint work and dialogue and enhancing concerted and strategic action. The sessions will be convened by the Government Offices of Sweden (Ministry of Health and Social Affairs).

## **6. Monitoring**

WHO's performance against its strategic plan and the accompanying performance framework will be monitored through review of WHO's annual report, evaluations and similar documents and through ongoing monitoring of the organisation's activities by the Government Offices and missions abroad. Swedish priorities set out in this strategy and any identified risks will be monitored particularly closely.

Results and Sweden's assessment of performance will be summarised in an annual work plan. The work plan will specify how activities during the year have helped meet the strategy's objectives and also set out how work and responsibilities have been divided between the Government Offices (Ministry of Health and Social Affairs) and relevant actors such as the Ministry for Foreign Affairs, the Mission in Geneva, the Public Health Agency of Sweden, the Swedish National Board of Health and Welfare and Sida. The Ministry of Health and Social Affairs is responsible for producing and updating the plan in consultation with relevant actors.

Monitoring of the organisation's activities and performance will be used for the ongoing governance of the organisation, reporting on performance and the next organisational assessment.

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