Sida's support to the World Health Organisation (WHO)

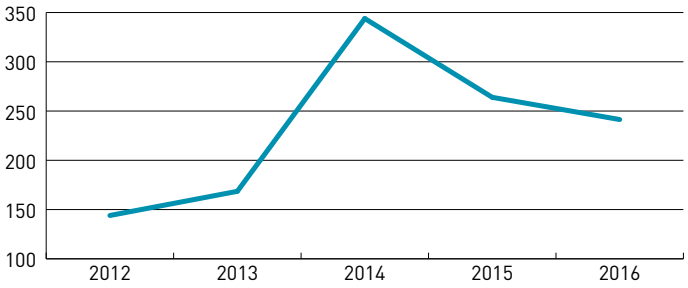
WHO is the UN's specialized agency for health, tasked with leading and coordinating international health efforts. WHO support the UN Member States in implementing the best possible health policies and outcomes. In 2016, Sida contributed to the WHO program a total amount of SEK 241 million. Sida's support to WHO is complementary to the assessed contribution provided by the Swedish Ministry of Health and Social Affairs (SEK 36 million), which makes the total Swedish contribution SEK 277 million in 2016.

THE PARTNERSHIP WITH WHO

Sweden considers WHO to be the leading normative global health actor with major relevance for low, middle- and high-income countries.

In 2016, Sweden adopted a new strategy (2016–2019) for cooperation with WHO. The two main goals of the strategy are: [1] health systems that promote equitable and gender-equal health [2] strengthened health security: preparedness, surveillance and response. Three cross-cutting perspectives are given particular consideration in Sweden's cooperation with WHO: rights, gender and equity perspectives.

FIGURE 1: SIDA'S ANNUAL DISBURSEMENT TO WHO, MSEK



FINANCIAL OUTCOME

Funds through WHO are either channelled as assessed contribution (fees countries pay to be a member of the Organization) which are paid by the Government Offices, or as voluntary contributions paid to WHO by Sida under two main categories; 1) un-earmarked core support/core voluntary contributions (CVC), and 2) program support to global health research (earmarked support). In 2016, SEK 160 million was provided as CVC and SEK 81 million as earmarked support. Together with the assessed contribution, the total Swedish contribution amounted to SEK 277 million in 2016. For 2016, among WHO Member states, Sweden is the largest donor with regards to core voluntary contributions.

GEOGRAPHICAL AND THEMATIC DISTRIBUTION

Sida's support to WHO is primary at global level. Thematically as illustrated in Figure 2, Sida contributed SEK 160 million (66 %) to core health support and SEK 81 million (32 %) to earmarked support. Earmarked support includes 76.1 million to various research programs (31 %), 2.7 million for one Swedish secondment and a Junior Professional Officer (JPO), on Antimicrobial Resistance (AMR) and 2.5 million for the hosting of the Secretariat for the Partnership for Maternal, Newborn, Child and Adolescent Health-PMNCH (1 %)

Sida supports three WHO hosted research programs. The aim of the research programs is to support WHO in its efforts to strengthen the knowledge base for development of the normative functions of the organization.

THE GLOBAL GOALS

The Global Goals for Sustainable Development include everyone – and we can all contribute. The goals are interdependent and therefore indivisible. Sida's main contribution is to implement development cooperation, thereby reducing poverty and saving lives. Together we can build a better future where no one is left behind.

Results

WHO'S MANDATE AND STRATEGIC PRIORITIES

WHO is the directing and coordinating authority for health within the UN system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. WHO's primary role is to direct and coordinate international health within the UN system. These are the main category areas of work: [1] Communicable diseases, [2] Noncommunicable diseases, [3] Promoting health through the life-course, [4] Health systems [5] Health Emergencies Programme[1] and [6] Corporate services/ enabling functions.

The six leadership priorities: Universal health coverage; Health-related Sustainable Development Goals; noncommunicable diseases; the International Health Regulations (2005); Increasing access to medical products: and Addressing the social, economic and environmental determinants of health, in the Twelfth General Programme of Work provides a high-level strategic vision and directions for the work of WHO for the period 2014–2019.

1 WHO's Health Emergencies Programme was launched in 2016 and replaces the previous category 5 on "Preparedness, surveillance and response.

GLOBAL DEVELOPMENTS

One of the results of Sweden's long-term support and dialogue with the WHO has been the reform process initiated by the WHO, with focus on increased efficiency and transparency. Another area that has been highlighted with support from Sweden is Antimicrobial Resistance (AMR). Among other things, it was possible to contribute to a UN resolution approved at the UN General Assembly in 2016, requiring all member states of the WHO to draw up action plans on how to deal with AMR. As the 2030 Agenda implementation is predominantly country-driven, WHO has initiated changes in working practices to support Member States in their efforts to achieve the SDGs.

These are some achievements for year 2016:

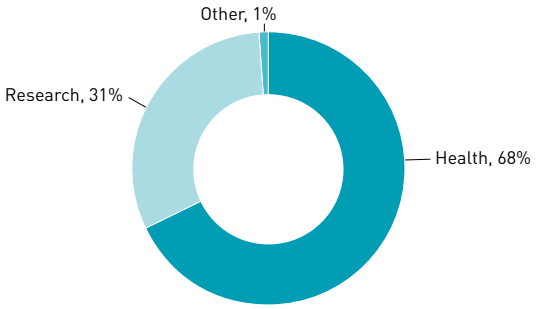
- WHO addressed yellow fever outbreaks in Angola and the Democratic Republic of the Congo, through an innovative dosing strategy. The result was the largest emergency vaccination campaign against yellow fever ever undertaken in sub-Saharan Africa.
- Thailand became the first country in Asia to be certified as having eliminated mother-to-child transmission of HIV and syphilis.
- The Americas was declared the first region in the world to have eliminated measles. This achievement culminates a 22-year effort involving mass vaccination against measles, mumps and rubella throughout the Americas.

PROGRAMMES AND PROJECTS RECEIVING FUNDING FROM SIDA

Sida supports three different research programs hosted by WHO: The Tropical Diseases Research Program (TDR), the Human Reproduction Program (HRP) and the Alliance for Health Policy and Systems Research (APHRC). In 2016 Sida disbursed SEK 76.1 million to these programs. HRP is the main instrument within the UN system for research in human reproduction, bringing together policymakers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health. WHO reports that:

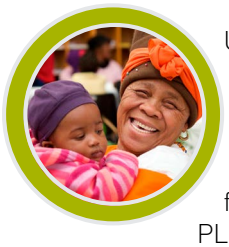
- TDR generated 15 new or improved tools that include plans and guides for dengue outbreak response in countries and operational regional and global networks on diagnosis of vector-borne diseases and insecticide resistance.
- The HRP published new WHO standards for improving quality of maternal and newborn care in health facilities.
- Through HRP the WHO's new global health sector strategy on sexually transmitted infections 2016–2021 was adopted by the 69th World Health Assembly in May 2016.

FIGURE 2: SIDA'S SUPPORT TO WHO BY SECTOR



STORY OF CHANGE AT THE INDIVIDUAL LEVEL

A stolen toy, a child's lie can lead to a harsh punishment – sometimes physical. Nine-year-old Simamnkele and his care-giver, Nombuyiselo, know the sequence well. Nombuyiselo, who had taken on the parenting role for the young South African child several years ago, says: "This boy continued with his habits as he grew older, taking other children's toy cars and cell phones. He always denied things. So, I used to beat him."



Supported by the combined WHO and UNICEF-backed Parenting for Lifelong Health (PLH) programme, the pair now enjoy a positive relationship, one which ensures the young child's development is healthy and prevents him from embarking on risky routes. The PLH has been working to address causes of childhood violence, including in parenting situations in more than 20 countries.

Photo: Gregor Rohrig/Parenting for Lifelong Health and Clowns Without Borders South Africa

For more information about the portfolio and Sida's overall relations with WHO, please contact Sida's focal point for WHO Rebecka Orrenius Alffram +46 (0)8 698 50 00 or rebecka.alffram@sida.se

Sida

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