ity strategy in practice. It is pointed out that this area of work is not given high enough priority by the WHO leadership and that insufficient resources are allocated for this purpose.

WHO's Annual Report for 2010 points out that the human rights-based approach is well anchored in the organisation. Employees have undergone training and guidelines have been drawn up for use at all levels of the organisation. The MOPAN report states that WHO's efforts in this field are satisfactory, and points out that the regional offices for Africa and America have special units that work to promote human rights.

WHO has developed a strategy on climate change and health, and assists Member States in their efforts to address the impacts of climate change on health.

WHO's work at country level has been the object of several evaluations initiated by Norway and other countries. The evaluations point out that the effectiveness of the country offices varies in quality, particularly in the African region. WHO's own reform initiative acknowledges the need to improve the quality of the work carried out by the country offices. Efforts are therefore being made to improve the expertise, leadership, quality and autonomy of the country offices.

WHO pursues a clear anti-corruption policy that comprises an anti-corruption strategy, preventive guidelines and a policy for protecting whistle-blowers. An external auditor is chosen from among the Member States for a period of four years and reports to the Executive Board and the World Health Assembly. MOPAN gives a favourable assessment of WHO's external audit function, which is carried out in line with international standards at all levels of the organisation. In 2010, the Executive Board established an independent committee of experts charged with monitoring that the auditor's recommendations are implemented, thereby further strengthening the oversight of WHO's work. WHO's Office of Internal Audit and Oversight reports to the Director-General, and is also favourably assessed in the MOPAN report. Norway has criticised the fact that the Office lacks resources and that the organisation is slow to implement recommendations.

WHO is in a critical phase where both the Member States and the organisation's leadership acknowledge the need for reform. The goal is to enhance WHO's capability of responding to future challenges such as a diverse group of global health stakeholders, health as a global public good, disease burden trends, new technology, the shortage of health personnel, more complex conflicts, crises, epidemics, climate changes and financial crises. So far, Director-General Chan has had broad support for her reform agenda that entails a stronger focus on core functions, results-based budgeting and management, clarification of roles and responsibilities between WHO's three organisational levels, enhanced effectiveness at country level and strengthening the role of WHO as one of many global health actors. Norway supports this reform process.

3. Norway's policy towards WHO

In its WHO strategy, Norway sets out its general goals and priorities for its work on the WHO Executive Board for the period 2010-2013.

Norway intends to seek to strengthen WHO's role as the leading normative organisation for promoting global health. WHO must help to highlight health considerations with a view to integrating health into all policy areas.

Through WHO, Norway will seek to promote universal access to health services based on the fundamental right to health services for all by fostering healthy living conditions and strengthening health systems. Norway's efforts in WHO are to be based on important principles such as respect for human rights, democracy, gender equality and poverty reduction.

A well developed, transparent framework of international health cooperation, both in our region and in addressing global challenges, is also important for public health in Norway. Issues relating to vulnerability and health security are closely interwoven with traditional security challenges and are thus an integral part of foreign policy.

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NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

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WHO

World Health Organization

1. Facts and figures

Type of organisation: Specialised agency

Established in: 1948

Headquarters: Geneva

Number of country offices: 147

Head of organisation: Director-General Dr. Margaret Chan (China)

Dates of Executive Board meetings 2011: 17-25 January 2011, 25 May 2011, World Health Assembly 16-24 May 2011

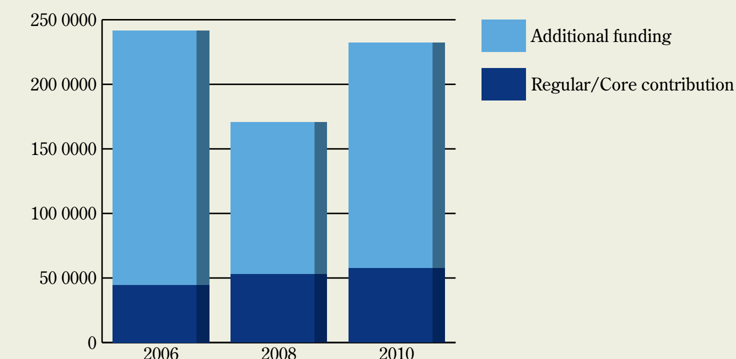
Norway's representation on Board: 2010-2013

Number of Norwegian staff: 8

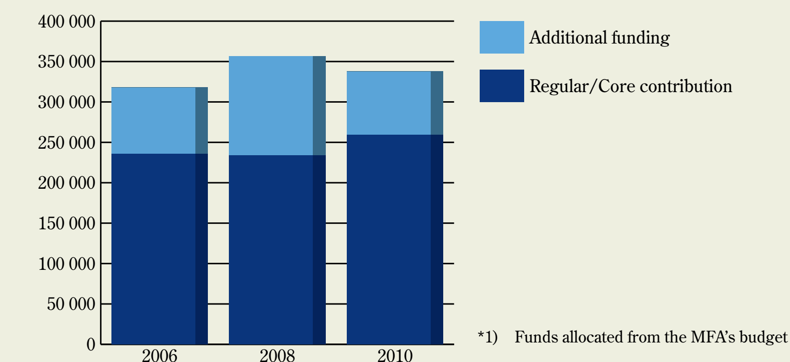
Responsible ministry: Norwegian Ministry of Health and Care Services (MHCS), Norwegian Ministry of Foreign Affairs (MFA)

Website: www.who.int

Total revenues (in US$ 1000)

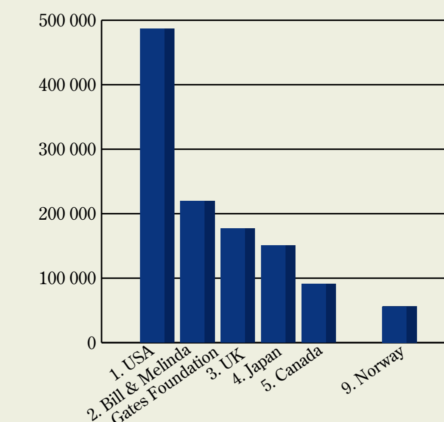


Norway's contributions[*1)] (in NOK 1000)



*1) Funds allocated from the MFA's budget

The five largest donors, and Norway, in 2010 (in US$ 1000):



NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

Mandate and areas of activity

The World Health Organization (WHO) is the UN specialised agency for health. WHO's mandate is to seek to ensure better health for all, and to be the leading coordinating body for global health cooperation. As a normative actor, WHO holds a unique position in terms of making health policy statements based on ethical and evidence-based assessments. As the UN specialised agency for health, WHO has an obligation to help achieve the UN Millennium Development Goals (MDGs). WHO's work can be described as having a two-pronged focus:

1. A normative focus, whereby the organisation in its role as a body of health experts, sets global norms and standards and supports member countries in formulating national health policies.
2. A development-oriented focus, consisting of providing technical support to developing countries to enable them to implement recommendations and standards, strengthen their health systems and develop and implement coherent national health plans and standards.

WHO seeks to fulfil its mandate through six core functions:

- providing global leadership and engaging in partnerships for health
- setting the course for and financing research and knowledge development
- setting norms and standards
- developing knowledge-based strategies and project guidance
- providing technical support through training and technical cooperation
- systematically monitoring global health trends and health challenges and proposing measure

Within the organisation's mandate, Director-General Margaret Chan has identified six priority areas: (i) promoting development for health to reduce poverty; (ii) promoting health security; (iii) building the capacity of health systems at country level and ensuring equal access to health services; (iv) developing better research, information and knowledge; (v) establishing more effective health partnerships, and (vi) improving the organisation's performance.

WHO also has a humanitarian mandate and is responsible for the global coordination of efforts to meet health needs in humanitarian crises.

Results achieved in 2010

The WHO's results framework consists of a Medium Term Strategy Plan for 2008-2013, 13 strategic objectives and 85 subsidiary objectives. A status report on the achievement of objectives is published every other year. The latest report covers the period 2008-2009, but a mid-term status report has been published for 2010-2011. The results presented below are based on both these reports.

WHO has defined the following 13 strategic objectives (SO):

1. To reduce the health, social and economic burdens of communicable diseases
2. To combat HIV/AIDS, tuberculosis and malaria
3. To prevent and reduce non-communicable diseases, mental disorders, violence and accidents
4. To reduce maternal and child mortality, and support sexual and reproductive health
5. To reduce the health consequences of crises and conflict
6. To prevent risk associated with tobacco, alcohol, drugs and unhealthy diets
7. To address the social determinants of health (gender equality, human rights)
8. To promote a healthier environment
9. To improve nutrition, food safety and food security
10. To improve health services and health systems
11. To ensure improved access to medical products and technologies
12. To foster collaboration with the UN system and with other partners
13. To develop a more effective WHO

Under Strategic Objective 1, WHO has played a leading role in efforts to prevent, prepare for and respond to pandemics. A historic breakthrough was made in the adoption, after four years of intergovernmental negotiations in WHO, of a global framework for preparedness for and response to pandemic influenza. The agreement provides for increased global production of vaccines, strengthened laboratory capacity which is important for the early identification of pandemics, and improved access for poor countries to vaccines and antiviral treatment. The framework gives priority to countries in which outbreaks occur, in addition to which such countries will share pandemic influenza viruses for the production of vaccines. Norway has played a prominent role in this process.

WHO works closely with GAVI and other organisations to help ensure global immunisation, and reports that a global vaccination rate of 82 per cent was achieved in 2009. WHO reports that around 5 million deaths were prevented by vaccination in 2008-2009. The organisation is a key partner in a global initiative to eradicate polio. The number of recorded cases of poliomyelitis has been reduced by 99 per cent since the initiative was established. Today, the disease is still endemic in Nigeria, India, Pakistan and Afghanistan, but its incidence has gradually been reduced. A further 19 countries reported cases due to wild poliovirus importation, which makes it difficult to achieve the goal of eradicating polio. WHO reports good results in its work on tropical diseases; for instance, dracunculiasis (guinea-worm disease) was virtually eradicated in 2009.

Under Strategic Objective 4, WHO helps to achieve the UN's health-related Millennium Development Goals (MDG), with focus on reducing child and maternal mortality. In collaboration with UNFPA, UNICEF and the World Bank, WHO has launched a campaign to intensify efforts to reduce child and maternal mortality by 2015. WHO reports that 16 of the 68 countries with the highest child mortality are on track to attain MDG 4 by 2015. Efforts to reduce maternal mortality are making slower progress. In Africa, the number of countries that have achieved the objective of ensuring that 50 per cent of births are professionally assisted has risen from 21 to 28.

Strengthening health systems (SO 10) is a key goal in WHO's work. A subsidiary objective is to help ensure that developing countries have sufficient health personnel to meet the need for health services. An important breakthrough in this field was made in 2010 when the World Health Assembly adopted guidelines for the international recruitment of health personnel.

In the humanitarian sphere (SO 5), WHO is responsible for coordinating the global public health response to disasters. In 2010, this entailed planning, coordinating and implementing UN health efforts in a number of humanitarian crises, such as in Haiti, Afghanistan and Pakistan. WHO reports that the global health cluster approach is better institutionalised within the organisation and that it is functioning increasingly effectively.

Chronic diseases such as cardio-vascular diseases, cancer, diabetes and chronic respiratory diseases are a growing global challenge, also in low- and middle-income countries. Under SO 3 and SO 6, WHO has gathered global data on the topic in line with its mandate to promote research and knowledge development, and in 2010 published a report on the spread of non-communicable diseases, which included a systematisation of cost-effective measures.

Evaluation of WHO's handling of the H1N1 pandemic in 2009/2010.
Improving global health security is one of WHO's primary functions. In 2005, the World Health Assembly adopted an early warning system for crises that impact on global public health (the International Health Regulations (IHR)). The H1N1-pandemic in 2009/2010 was the first major test of the effectiveness of this system. In 2010, an independent panel of experts was tasked with evaluating how the IHR functioned during the pandemic and how WHO handled the pandemic. The panel's report concluded that the IHR helped to improve the world's preparedness to cope with crises, but that country-level capacities to meet IHR requirements are still inadequate. The report found that WHO demonstrated good leadership and in many ways handled the pandemic well, but also points to some shortcomings. No evidence was found to indicate that WHO's actions were blameworthy. This is particularly important in relation to the areas where WHO's leadership has come under the strongest criticism, namely the accusations of possible conflicts of interest among expert advisors and the claims that the organisation had declared a pandemic on the basis of insufficient health criteria. The third main conclusion was that the world is not well enough prepared at present to respond to a serious pandemic or other acute, global, large-scale threats to public health. The report presents a number of recommendations for improvements.

2. Assessments: Results, effectiveness and monitoring

WHO has a results framework that enables the organisation to report on the extent to which it achieves its objectives. WHO's mandate is translated into a 10-year work programme that is operationalised in six-year strategic plans. The strategic plan is divided into 13 strategic objectives with associated subsidiary objectives, performance indicators, baseline data and targets. A status report on the achievement of objectives is published every other year. The large number of strategic objectives and subsidiary objectives makes it difficult to obtain a clear picture of overall results. WHO's highly autonomous regional offices also present a challenge in terms of a coherent focus on results. Furthermore, the way in which WHO is financed creates certain management challenges. This is due to a donor trend towards earmarking voluntary contributions, which reduces the flexibility of the financial management system and thus the organisation's ability to implement adopted programme budgets. In order to encourage an increase in non-earmarked funds, WHO has established a separate fund, the Core Voluntary Contribution Account. This fund is supported by Norway and other countries, but still requires more funding in order to achieve the desired effect.

In 2010, WHO's leadership launched a comprehensive reform of the organisation. An important aspect of the reform is the introduction of a better system for results-based management and budgeting.

WHO has a central, independent evaluation unit. The unit reports directly to WHO's Executive Board and operates in accordance with the UN's evaluation principles. According to the Multilateral Organisation Performance Assessment Network (MOPAN)'s evaluation of WHO in 2010, the system for following up on evaluations has some weaknesses.

Gender equality and human rights are cross-cutting concerns in WHO. A gender equality strategy was adopted in 2002. As a member of WHO's Executive Board, Norway has urged WHO to follow up on efforts to promote gender equality more actively, and this objective is also expressed as a guiding precept in the programme cooperation agreement. According to MOPAN and the UK's Department for International Development (DFID)'s Multilateral Aid Review carried out in 2011, WHO does not adequately implement its gender equal-