WHO

World Health Organization

1. Facts and figures

Type of organisation: UN specialised agency

Established in: 1948

Headquarters: Geneva

Number of country offices: approximately 150

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

Dates of Executive Board meetings in 2013: 21–29 January, 29–30 May, World Health Assembly 20–28 May

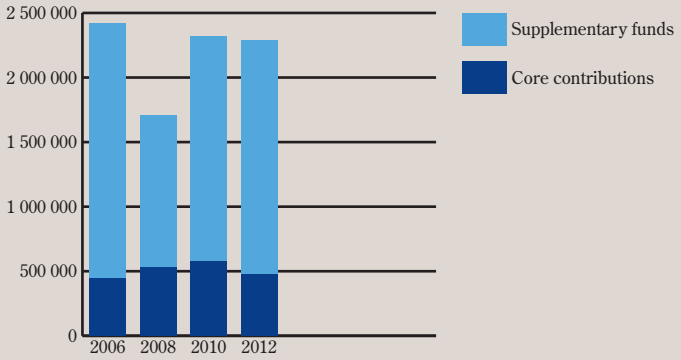
Norway's representation on Board: 2010–2013 (term completed in the Executive Board after the World Health Assembly in May 2013)

Number of Norwegian staff: 7

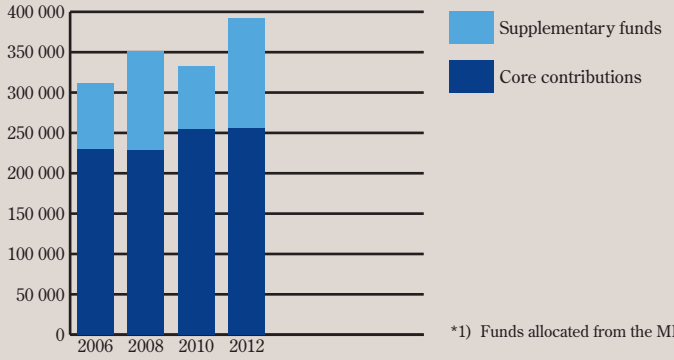
Competent ministry: Norwegian Ministry of Health and Care Services, Norwegian Ministry of Foreign Affairs

Website: www.who.int

Total revenues (1000 USD)

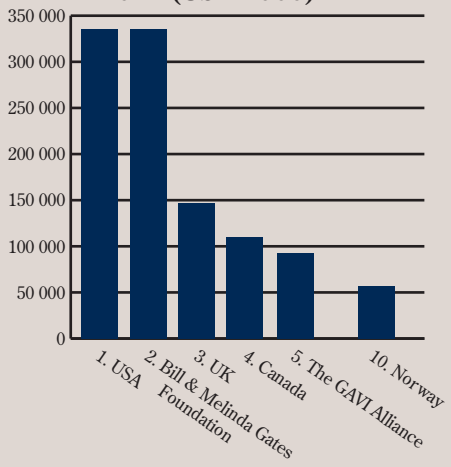


Norway's contributions*1) (1000 NOK)



*1) Funds allocated from the MFA's budget

The five largest donors, and Norway, in 2012 (USD 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. WHO has an obligation to help achieve the health-related 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 the following 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 measures

As part of the ongoing reform process and development of a new General Programme of Work for the period 2014–2019, six strategic and two administrative priorities have been defined, based on the following new criteria for ranking priorities: 1) The Millennium Development Goals and Post-2015 Agenda, 2) Universal health coverage, 3) Noncommunicable diseases, including mental health, 4) Implementation of provisions adopted in International Health Regulations, 5) Increased access to life-saving, effective medicines and equipment, 6) Social, economic and environmental determinants of health, 7) Strengthen WHO's governing role internally and externally, and 8) Reform of management guidelines, systems and practices.

WHO also has a humanitarian mandate and is responsible for coordinating the global health response in humanitarian crises.

Results achieved in 2012

Results in 2011 and 2012 are based on WHO's current results framework, consisting of a Medium-Term Strategic Plan for the period 2008–2013, 13 strategic objectives and 85 targets. However, as part of the ongoing reform process, the 13 strategic objectives will be replaced by six new categories of work with effect from 2014: 1) Communicable diseases, 2) Noncommunicable diseases, 3) Health throughout the life cycle, 4) Health systems, 5) Preparedness, surveillance and response/Health security and 6) WHO's functions and services/Corporate services/enabling functions.

The current 13 strategic objectives (SOs) are as follows:

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 noncommunicable 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. WHO works in close partnership with GAVI and other agencies to ensure global vaccination coverage. GAVI reports that global vaccination coverage of 81 per cent was attained in 2011, and that 5.5 million deaths have been averted since 1999 due to vaccination. WHO is a key partner in the Global Polio Eradication Initiative. In 2012, 181 polio cases were reported, the lowest number ever. India has not registered any polio outbreaks in two years. Afghanistan, Nigeria and Pakistan are now the only countries where polio remains endemic. The number of cases is falling in Afghanistan and Pakistan, but is rising in Nigeria.

WHO has coordinated development of the Polio Eradication and Endgame Strategic Plan 2013–2018, with focus on the three remaining countries, Afghanistan, Nigeria and Pakistan. The Plan was launched in 2012 at the World Health Assembly and includes a joint management mechanism, the hiring of more vaccinators and confirmation of countries' obligations.

Under Strategic Objective 4, WHO is contributing to achieving the health-related UN Millennium Development Goals (MDG), with a focus on reducing child and maternal mortality. WHO reports that 16 of the 68 countries with the highest child mortality rate are on track to achieve MDG 4 (Reducing child mortality) by 2015. Progress towards reducing maternal mortality is slower, cf. MDG 5 (Improve maternal health). In Africa, the number of countries that meet the target of 50 per cent of births being attended by skilled health personnel has risen from 21 to 28.

The Global Strategy for Women's and Children's Health, "Every Woman, Every Child", launched by the UN Secretary-General in September 2010, and the recommendations of the UN Commission on Information and Accountability for Women's and Children's Health (CoIA), "Information and Accountability for Women's and Children's Health – Keeping the Promises, Measuring Results", are singled out by WHO as examples of targeted efforts that have helped to boost results in several health areas. Efforts in these areas were lagging in terms of achieving the MDGs and have in the space of a short time demonstrated good progress. The CoIA was created to develop methods for tracking financial commitments and the results achieved by governmental and non-governmental actors.

Strengthening health systems, Strategic Objective 10, is one of the pillars of WHO's activities. Universal health coverage is increasingly viewed as crucial to the delivery of better health and a unifying goal for health-system strengthening. Four high-level meetings were held in 2012, with a focus on the importance of promoting universal health coverage. Since 2005, more than 80 resolutions on health financing or health-system development have been adopted by either the World Health Assembly or the regional committees. This illustrates the broad-based commitment to universal health-system strengthening.

Steady global progress has been made in attaining universal health coverage, particularly coverage of health services related to the MDGs. This is one of the reasons why there has been a significant decline in child and maternal mortality in most parts of the world since 2000. Another contributory element is the general improvement in social and economic conditions which, according to the Human Development Index (HDI), is due in turn in particular to three factors: health, education and income. The HDI shows an improvement in all parts of the world in the period 2005–2011, with the most rapid progress being made in developing countries. A subsidiary objective for WHO is to help ensure that developing countries have sufficient health personnel to meet the need for health services. The WHO Global Code of Practice on the International Recruitment of Health Personnel adopted at the World Health Assembly in 2010 has helped to achieve this objective.

The Global Framework for Prevention and Control of Noncommunicable Diseases for the period 2013–2020

Chronic diseases such as cardiovascular disease, cancer, chronic lung diseases, diabetes and mental disorders are now the cause of the majority of deaths in the world. This type of disease is increasingly affecting low-income countries, which still face significant challenges in preventing infectious diseases and child and maternal mortality. Under Strategic Objectives 3 and 6, WHO has collected 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 noncommunicable diseases, which included a systematisation of cost-effective measures. Through WHO, consensus was reached on a global framework comprising nine voluntary targets and 25 indicators to monitor progress in efforts to reduce the noncommunicable disease burden. Norway is strongly engaged in this field, financially, technically and politically; among other things, Norway formally led the round of negotiations related to the follow-up of the Political Declaration adopted at the UN High-Level Meeting on Noncommunicable Diseases in September 2011, which resulted in the Global Framework.

2. Assessments: Results, effectiveness and monitoring

The organisation's results-related work

Since 2010, WHO has undergone a process of reforming the entire organisation at all levels to improve its capacity to perform its role as the leading normative organisation for promoting global health, and as leading coordinating body for global health cooperation. An important aspect of the reform is the introduction of a better system for results-based management and budgeting.

WHO's current results framework enables the organisation to report to the governing bodies on its performance. WHO's mandate has previously been translated into a ten-year programme of work and operationalised in a six-year strategic plan, which was divided into 13 strategic objectives with associated subsidiary objectives, performance indicators, baseline data and targets. The mandate was further operationalised through two-year programme budgets. The large number of plan periods, strategic objectives and subsidiary objectives made it difficult to obtain a clear picture of overall results. WHO's highly autonomous regional offices also created challenges in terms of maintaining a coherent focus on results.

As a result of the reform, the former six-year strategic plan will be incorporated into the new General Programme of Work (2014–2019). The programme defines a strategic vision and identifies a limited number of strategic priorities against which WHO's work is to be measured. Its purpose is to provide a clear introduction to the constraints within which WHO operates, how the organisation defines its role and vision, what it wishes to prioritise in the next six years and how its efforts (including areas in which it delivers results in partnership with other stakeholders) and results will be measured, step by step, through a results chain.

Planning and budgeting systems

The programme budget is a two-year operationalisation now based on the General Programme of work, which aims to provide a more detailed explanation and presentation of the

other parts of the results framework, in turn ensuring that the entire organisation is accountable at all three levels.

Oversight and anti-corruption

WHO has a clear anti-corruption policy, which comprises an anti-corruption strategy, preventive guidelines and a whistle-blower protection policy. An external auditor is chosen from among the Member States for a period of four years at a time. In the current period, it is the Philippines' Supreme Audit Institution that submits reports to the Programme, Budget and Administration Committee, the Executive Board and the World Health Assembly. The Independent Expert Oversight Advisory Committee also submits reports to the Programme, Budget and Administration Committee and the Executive Board. WHO's Office of Internal Audit and Oversight reports to the Director-General, and presents its own reports at each meeting of the Programme, Budget and Administration Committee, Executive Board meetings and World Health Assemble.

Institution-building and national ownership

WHO promotes national ownership with a focus on the recipient countries' own priorities by providing assistance for policy formulation, national development plans and alignment, particularly in connection with coordination of technical assistance to support capacity-building.

However, WHO lacks adequate indicators, a deficiency that will be subjected to a comprehensive review in the reform process, related to the use of national systems and procedures and with regard to the extent to which ODA support is registered in national budgets.

Willingness to learn and change

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's (MOPAN's) evaluation of WHO in 2010, the system for following up on evaluations has some weaknesses, which are being addressed in an ongoing reform process.

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. An important aspect of WHO's reform process is to improve the expertise, leadership, quality and autonomy of the country offices, and better align efforts at the three levels of the organisation.

3. Norway's policy towards WHO

WHO is politically significant for Norway, as it exercises a key function as the leading normative organisation for global health and the leading coordinating body for international health cooperation, in an increasingly complex health architecture. No other UN agency or global actor has a similar mandate. Norway contributes towards strengthening WHO as the leading normative organisation for promoting global health. WHO seeks to highlight health considerations with a view to integrating health into all policy areas.

Through WHO, Norway contributes to achieving universal access to health services based on the fundamental right to health services for all by promoting healthy living conditions and strengthening health systems. Norway's work in WHO is based on important principles such as respect for human rights, democratisation, gender equality and poverty reduction.

Norway has also considered it important to strengthen WHO's function of monitoring and disseminating knowledge on outbreaks of communicable diseases. The assistance that WHO provides for countries, both technical assistance and other resources, when an emergency arises, also promotes more effective response to disease outbreaks in an international context.

Norway has actively promoted the reform process in WHO, with particular focus on the need for a new financing model. The aim is to improve WHO's financial situation through greater transparency and predictability. The reform process has required extensive resources from both Norway and WHO. Implementing the WHO reform, with the support of Norway and other member countries, will be important to enable the organisation to fulfil Norway's expectations.

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Publication code: E-919 E
ISBN: 978-82-7177-835-4
Design and print: Allkopi AS / www.allkopi.no