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.


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.

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION AND CONSERVATION
13. CLIMATE ACTION
14. LIFE BELOW WATERS
15. LIFE ON LAND
16. PEACE AND JUSTICE STRONG INSTITUTIONS
17. PARTNERSHIPS FOR THE GOALS
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.

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.

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