Danish Organisation Strategy
for World Health Organization (WHO) 2020-2023

Introduction:
The World Health Organization (WHO) is the United Nations specialized agency for health. It provides global leadership on health issues, including pandemics, and is responsible for setting evidence based global technical norms, standards and policy options, and monitors global health trends and provides assistance to member states. COVID-19 will continue to affect WHO's work during the strategy period.

Justification for support:

- WHO plays a valuable role as the key normative body on global health issues and is well respected for its technical work. WHO has delivered important results in a wide range of targeted areas that are relevant and inclusive and WHO has a clear long-term vision aligned with the SDG.
- WHOs work is an important basis for UNFPA, UNICEF, The Global Fund, UNAIDS and other organisations to which Denmark is a contributor.

Key results:

- Increased health security preparedness and coverage of essential health services and lower level of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services.
- Effective human rights and gender mainstreaming, reduced global maternal mortality and increased proportion of women who make their own informed decisions regarding sexual and reproductive health care, and have their need for family planning satisfied with modern methods.
- Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner. Alignment with SDG and UN reform.

How will we ensure results and monitor progress:

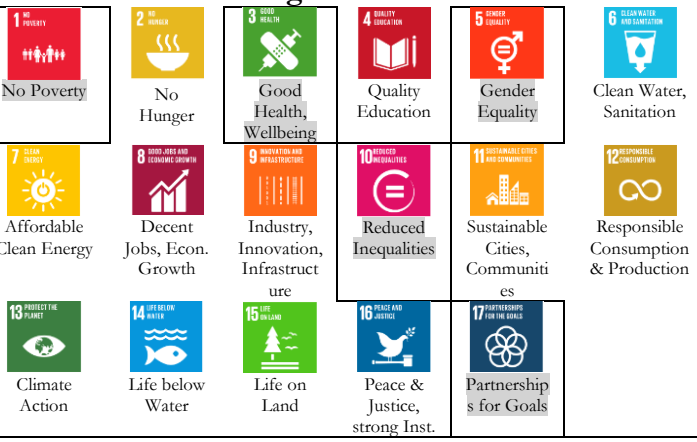
- Progress will be monitored using WHO's impact and accountability framework, building on SDG targets and World Health Assembly decisions, and through bilateral dialogue and consultations.

Risk and challenges:

- Economic, political, environmental, climate changes or epidemics affecting WHO's ability to fulfil its mandate.
- Inadequate level of un-earmarked flexible funding and lack of implementation of organizational changes, including need for strengthening capacity of country offices.
- Wider partnership with non-state actors and relevant international health organisations is an opportunity to scale up impact.

File No.	2020- 2021				
Responsible Unit	Mission of Denmark to the United Nations Office in Geneva				
Mill.	2020	2021	2022	2023	total
Commitment*	35	35	35	35	140
Projected ann. Disb.	35	35	35	35	140
Duration of strategy	2020-2023				
Finance Act code.	06.36.03.12				
Head of unit	Morten Jespersen				
Desk officer	Gitte Hundahl				
Financial officer	Jocelyn Sacopayo Schmidt (KFU)				

SDGs relevant for Programme



Budget	
Core voluntary funding	**100 million DKK**
Thematic support to NCD activities	**40 million DKK**
Total*	**140 million DKK**

*Subject to annual parliamentary approval

Danish involvement in governance structure:

- Denmark actively participates in the annual World Health Assembly (WHA), the Executive Board as observer and the WHO Regional Committee for Europe (currently as President of the Standing Committee).
- Denmark is a candidate for membership of the WHO Executive Board for 2021-2023.
- The Permanent Mission to Geneva is an active participant in ongoing member states consultations and briefings.

Strat. objectives	**Priority results**
Contribute to the achievement of the UN Sustainable Development Goals, in particular SDG 1, 3, 5, 10 and 17.	Health system strengthening to achieve universal health coverage and health security.
	Human rights and gender equality including sexual and reproductive health and rights.
	A more effective and efficient WHO

Core information

Established	1948
Headquarters	Geneva, Switzerland
Regional offices	Africa, Americas, Eastern Mediterranean, Europe, South-East Asia and Western Pacific.
Country presence	150 countries and territories.
Financial and human resources	Biannual budget 4940 million USD (2020-21) 7000 staff
Executive Director	Dr. Tedros Adhanom Ghebreyesus (Ethiopia)
Member States	194
Governed by	World Health Assembly

MINISTRY OF FOREIGN AFFAIRS
OF DENMARK
Danida

Danish Organisation Strategy
for
World Health Organization (WHO)

2020-2023

April 2020

1. Objective.

The World Health Organization (WHO) is the UN specialized agency for health established in 1948. It works for the attainment of the highest possible level of health for all people as a fundamental right of every human being.

WHO provides leadership on global health issues, including pandemics, and has a recognized strength in its technical expertise and country level engagement. WHO is responsible for setting evidence-based global technical norms and standards, monitors global health trends and provide policy options and assistance to member states.

Denmark's cooperation with WHO is shared between the Ministry of Health (assessed contribution) and the Ministry of Foreign Affairs (voluntary contribution). This strategy forms the basis for Denmark's voluntary contributions to WHO and sets priorities for WHO performance within WHOs strategy "*The Thirteenth General Programme of Work 2019-2023*" (GPW13) guided by the Danish Foreign and Security Policy and *The World 2030 - Denmark's Strategy for Development Cooperation and Humanitarian Assistance*[1]. The strategy has been coordinated with the Danish Ministry of Health.

The overall objective of Denmark's support is to contribute to the achievement of the health related United Nations' Sustainable Development Goals (SDG), in particular SDG 1 (no poverty), 3 (good health and well-being), 5 (gender equality), 10 reduced inequalities, and 17 (partnership for the goals).

Three priority areas have been chosen based on the WHO Programme of Work (Box 1). The annual budget is 25 million DKK in core voluntary contributions and 10 million in support of NCD-activities, in addition to assessed contributions and in-kind support to the WHO EURO office in Copenhagen.

Box 1. Priority areas.

1. Health system strengthening to achieve universal health coverage. 1.1. 1.2, 1.3 & 2.1.
2. Human rights and gender equality including sexual and reproductive health and rights**.** 1.1.3, 3.1 & 4.2.**6**
3. A more effective and efficient WHO. 4.2 & 4.3
4. Other areas: WHO in emergencies, antimicrobial resistance and partnerships. 2.3 & 3.2

2. The organization.

WHO seeks a broad integrated health focus covering the full spectrum of promotive, preventive, curative and rehabilitative health services and palliative care accessible to all – in line with the aspirations of its 1948 Constitution "Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

[1] https://um.dk/en/danida-en/Strategies%20and%20priorities/

WHO has agreed a strategic "triple billion goal": 1) 1 billion more people benefitting from universal health coverage; 2) 1 billion more people better protected from health emergencies; and 3) 1 billion more people enjoying better health and well-being. Its mission is to "Promote Health, Keep the World Safe and Serve the Vulnerable".

Since key determinants of health often lies outside the health sector, including in poverty, hunger, nutrition, education, food, water, environment, climate, inequalities and conflict, WHO has a whole-of-government and whole-of-society approach. WHO has decided to step up advocacy and leadership on multi-sectorial action in line with the SDGs, and to speak up against practices that are harmful to health. Promoting gender equality, health equity and human rights is a part of WHOs concept of leaving no-one behind.

WHO emphasizes cooperation with other health related organizations, including through the inter-agency "Global Action Plan for Healthy Lives and Well-being for All" launched in New York September 2019 between GAVI, Global Finance Facility, The Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank Group, WFP and WHO. WHO is committed to the UN development reform agenda and sees it as an opportunity to increase focus on the UN delivering as one and on health issues beyond the health sector. WHO is the Cluster Lead Agency on Health in the UN Inter-Agency Standing Committee (IASC) Cluster System and provides support to increase the effectiveness of humanitarian health responses.

WHO is governed by the World Health Assembly (WHA) held annually in Geneva among its 194 member states supported by an Executive Board of 34 members. Regional committees govern the organisation at regional level. WHO operates through a secretariat in Geneva, since 2017 headed by Director General Dr. Tedros Adhanom Ghebreyesus (Ethiopia), and regionally through six offices headed by regional directors covering Africa, Americas, Eastern Mediterranean, Europe, South-East Asia and Western Pacific. The European regional office is based in Copenhagen. WHO is present at country level in around 150 countries and territories.

WHO is going through a reform process with several elements: 1) A strategic shift from a disease-specific approach to an integrated health approach with increased focus on outcome and impact. 2) A transformation process of the Secretariat aiming at delivering the strategic goals, avoiding silos and ensuring flexibility and accountability in the most effective and efficient manner. 3) Major changes to the biannual *Program Budget 2020-2021*[2] reflecting the strategic shift strengthening a results-based approach.

WHO is highly dependent on voluntary contributions[3] covering approximately three quarters of its financial resources, mostly earmarked specific programmes. The agreed Programme Budget 2020-2021 amounts to 4.940 million[4] USD and the WHO investment plan to 14.1

[2] https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_4-en.pdf

[3] Main contributors are (2919): USA 15%, Bill & Melinda Gates Foundation 12 %, GAVI Alliance 8%, UK 7%, UNOCHA 4%, World Bank 4%, European Commission 3%, Rotary International 3%, Japan 3%, NPT 2.4%; CERF 1.8%, Canada 1.7%, Kuwait 1.4%, Republic of Korea 1.2%, Norway 1.2%, UAE 1.1% KSrelief 1%, UNITAID 0.8%; Netherlands 0.8%, The Global Fund 0.7%, Sweden 0.7%. http://open.who.int/2018-19/contributors/contributor

[4] Including emergency response.

billion USD covering the strategic period 2019-2023. OECD/DAC-criteria defines 76 % of assessed contribution and 100 % of voluntary core contributions as ODA.

3. Key strategic challenges and opportunities.

10 % of global GDP is spent on health, and domestic spending is increasing, according to WHO and the World Bank. Significant global health gains have been achieved over recent decades, resulting in increased life expectancy in many parts of the world. A mix of interconnected threats, however, continue to challenge health and well-being, exacerbated by poverty, inequality, conflict and climate change. People suffer from communicable diseases and while the burden of non-communicable diseases is increasing, in particular in low- and middle-income countries. Complications during pregnancy and childbirth, mental health disorders and substance use and injuries requires increased action.

The past 10-15 years have seen an increase in pandemics mainly due to economic globalization, urbanization and mass tourism (SARS, swine flu H1N1, bird flu H5N1, MERS, Ebola, Zika), with a high risk of social and economic disruption as experienced with COVID-19. This has increased focus on the global health security agenda and the need for strong preparedness and response systems in times of crisis.

More than half of the world's population is still unable to access health services without financial hardship. Out-of-pocket expenses account for more than 35 %, pushing 100 million people into extreme poverty each year. The world faces threats from high-impact emergencies, pandemics, conflicts, natural and technological disasters, and the emergence of antimicrobial resistance putting health security at risk. Hence, building resilient national health systems and ensuring equitable access to health services is essential to achieving the Sustainable Development Goals by 2030.

The recent **MOPAN assessment** published in April 2019 found WHO's normative work central to the SDG agenda and WHO a trusted partner and well respected for its technical work. WHO has delivered important results in a wide range of targeted areas that are relevant and inclusive and WHO has a clear long-term vision aligned with global development goals. WHO has shown strong commitment to building its approach to results-based management including for its budgeting model, and brought decision making closer to country needs.

MOPAN found that successive reform and transformation agenda have contributed to improving effectiveness of WHO, but that it is too early to fully assess the effectiveness of the on-going reform processes. MOPAN underlines the acknowledged variances in the capacity of country offices with staffing levels and capabilities not always adequately meeting needs and expectations, but also that WHO is strengthening its country offices and that new policies present opportunities, in particular if build on lessons from evaluations more than on historic practice. Senior leadership and member states clearly demonstrated an appetite for organizational change, according to MOPAN, that also cautions the needs to find the right management balance between allowing work to get done and reform to bed-in properly while nudging staff to change working behaviours.

4. Priority areas and results to be achieved.

The following priority areas have been chosen based on the linkages between Danish and WHO strategic priorities to achieving the health related United Nations' Sustainable Development Goals (SDG) and lessons learned on previous support. Annex 1 shows Danish development cooperation priorities in relation to WHO outcome and output indicators.

4.1. Health system strengthening to achieve universal health coverage and health security.

Strong health systems, including reinforced health security and emergency preparedness and responses, are the enablers of good health and critical for well-functioning health programmes and resilient health systems. WHO plays a key role in supporting countries in strengthening their health systems to ensure increased and better access for the millions of people unable to obtain the health services they need, in particular the poor and marginalized.

Achieving universal health coverage (UHC) is one of WHO's three main strategic priorities in line with SDG target 3.8, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Denmark will work to ensure that WHO sets normative standards and guidelines for essential health preparedness and services, and supports countries in developing strong, resilient and affordable health systems based on primary health care strategies, as the main way towards achieving universal health coverage and health security.

Contributes to SDG 1, SDG 3 and SDG 10 and WHO outcome 1.1, 1.2, 1.3 and 2.1

4.2. Human rights and gender equality, including sexual and reproductive health and rights.

Denmark applies human rights as a core value in partnerships and uses principles of non-discrimination, participation, transparency and accountability in all parts of development cooperation. Denmark places a strong emphasis on gender equality and the rights of women and girls and includes sexual and reproductive health and rights as vital to improving health for all at all ages. WHO has through its Global Programme of Work 2019-2023 (GPW-13) committed to a human rights based "leave no-one behind" approach in achieving health for all and to address gender as a determinant for health. WHO has committed to strengthening WHO advocacy for health on human rights, equity and gender, and to the acceleration of achieving SDG 3.7 and 5.6. Denmark is concerned over recent international attempts led by one member state being a major provider of voluntary support to impose restrictions on the advancement of sexual and reproductive health and rights and its effects on WHO.

Denmark will work to ensure that WHO continues to develop and strengthen its human rights and gender policies and uses evidence to include gender sensitive approaches to remove barriers for accessing services, and to promote sexual and reproductive health and rights, including comprehensive sexuality education and safe abortions.

Contributes to SDG 3, 5, 10 and 16 and WHO outcome 1.1, 3.1 and 4.2

4.3. A more effective and efficient WHO.

WHO has been through successive reforms contributing to improving its effectiveness. The complete redesign and reconfiguration of its emergency preparedness and response programme in 2016 presents an illustrative case, resulting in greater levels of responsiveness and relevance, rebuilding WHOs credibility following the 2015 West Africa Ebola outbreak.

Securing sufficient and sustainable financing remains problematic. Finances often still do not match programme priority areas identified by the World Health Assembly with important programme areas showing funding gaps, such as non-communicable diseases and emergency operations. WHO has not yet succeeded in diversifying its donor base with 76% of voluntary contributions paid by 20 contributors.

WHO has improved its approach to partnerships with key global health partners and developed a framework for engagement with non-state actors, including the private sector, acknowledging that non-state actors are relevant partners contributing with competencies and technology in solving global health challenges. WHO, however, still lacks consistency in its engagement, according to MOPAN that recommends robust relationships with partners based on comparative advantage and routine monitoring of effectiveness.

Denmark will support continued institutional reform efforts to ensure sound financial management and an effective, efficient and accountable WHO able to strengthen its normative and technical functions and address the increasingly complex challenges of global health in accordance with agreed priorities and in close cooperation with relevant partners and aligned with UN development reform. Denmark will promote global green responsibility and sustainability within WHO.

Contributes to SDG 3, 16 and 17 and WHO outcome 4.2 and 4.3

4.4. Other priorities and areas of cooperation:

In addition to the main priorities, Denmark will seek cooperation and dialogue with WHO in support of other areas of joint Danish and WHO interest and expertise, including:

- A strengthened WHO in health emergencies, including through:
    - Continued support to specific health emergency appeals as appropriate.

    - The "Danish Emergency Management Agency" and its technical cooperation agreement with WHO;
    - Strengthening humanitarian development nexus aspects, e.g. initiatives such as The Danish Red Cross/ICRC/Novo Nordisk 'Partnership for Change' focusing on noncommunicable diseases in humanitarian settings,

- Universal health coverage, healthier populations and improved human capital across the life course,
    - Close cooperation with WHO on antimicrobial resistance (AMR) in support of the planned international research centre ICARS (International Centre for Antimicrobial Resistance Solutions) in Denmark.
    - Partnership with non-state actors to advocate healthier practices, including for and with young people.
    - Joint technical cooperation between WHO and Danish health authorities.
    - Private sector partnership and cooperation, including in areas of Danish expertise.

- Possible secondment or JPO to the WHO secretariat within Danish priority areas to be considered.

4.5. Monitoring, and Danish influence.

Denmark will use a range of formal and informal channels to hold WHO accountable to its commitment to strengthening its evidence-based technical global health organization position and its accountability and transparency in monitoring performance and progress on its strategic priorities, including through the newly developed "impact and accountability framework". The Secretariat provides extensive reporting to the World Health Assembly and the Executive Board.

Denmark will engage actively in dialog with the WHO-secretariat in close cooperation between Danish authorities and other Danish stakeholders, including civil society, academia and the private sector.

Denmark will emphasize monitoring its key priorities, health system strengthening to achieve universal health coverage, human rights and gender equality, including sexual and reproductive health and rights, a more effective and efficient WHO as well as the other areas of cooperation. Denmark will encourage follow-up on MOPAN relevant recommendations.

Denmark will participate actively in WHO governance structures, including through suggesting and influencing resolutions and decisions on key priorities and as a candidate for membership of the Executive Board 2021-2023 as the main body preparing decisions of the World Health Assembly.

Denmark will actively work with like-minded countries towards the achievement of results including through voicing concern together as a group and take common initiatives on key priorities.

Denmark will engage in public information sharing, including through social media, and actively participate in side events during and between sessions of the World Health Assembly to enhance knowledge and expertise on international health issues of Danish priority.

5. Budget.

The budget allocated for the Danish voluntary contribution to WHO for the four-year period covered by this strategy in support of the Thirteenth Programme of Work (GPW13) is shown in Table 1. The indicative budget is subject to annual parliamentary approval and represents an annual increase of 40 % from 25 to 35 million DKK compared to the period covered by the previous WHO strategy. Denmark will conclude a multi-year partnership agreement with WHO covering the period of this strategy.

Table 1. Indicative budget for Denmark's voluntary engagement with the WHO.

Commitment in DKK millions	**2020**	**2021**	**2022**	**2023**
Core voluntary contribution	25	25	25	25
Special funds (thematic support for NCD)	10	10	10	10
Total	35	35	35	35

Denmark is a strong supporter of flexible funding and shares the concern over the high proportion of earmarking to specific programs often not aligned with the agreed overall priorities. This places a major challenge on the organization in ensuring an effective and efficient implementation of agreed priorities, where some are constantly underfunded, including within Danish priority areas.

Denmark has therefore decided to softly earmark **10 million DKK** to WHO's work in relation to **non-communicable diseases** that represents an increasing health challenge to low and middle income countries. This will allow WHO to align its activities in this field with agreed priorities and ensure follow up to commitments made at the high-level meeting on NCDs in New York in 2018 and be in line with Denmark's particular priority and expertise in this field.

Denmark's annual assessed contribution currently amounts to **2,794,060 USD** and falls under the responsibility of the Ministry of Health. Denmark provides an in-kind contribution to the WHO Regional Office for Europe in Copenhagen, which according to WHOs own estimates equals **4.46 million USD** annually.

Denmark has supported the emergencies responses through the Contingency Emergency Fund (CFE) with 20 million DKK in 2018 (approximately **3.18 million USD**) including in response

to the Ebola outbreak in DRC, that was also supported with 15 million DKK (approximately **2.2 million USD**) in 2019, and a total of 108 million DKK (approximately 15.6 million USD) has been granted WHO's response to the COVID-19 pandemic in 2020 as of April.

6. Risks and assumptions.

Global health is directly affected by major world challenges in relation to economic, political, environmental and climate change and thus WHO's ability to meet its objectives beyond its direct control. Epidemic outbreaks is an increasing global health security risk requiring broad focus on global preparedness and response beyond health systems.

Economic downturn or decrease in domestic public health spending could negatively impact basic services on health and present challenges for the fulfillment of the WHO strategic goals. Health challenges and disease burden often does not meet ability to pay in a number of developing countries and increased efforts to align the two could improve health and human capital to the benefit of such countries.

The highly ambitious programme budget risks underfunding and earmarking following which lack of flexible funding could negatively affect Danish priorities. Increasing flexible funding remains a key strategic issue for WHO. MOPAN recommends that together with on-going dialogue and transformed approaches to engagement and resource mobilization, demonstrating the continued effectiveness of reform is part of the solution.

WHO has a clearly prioritized operational planning process anchored to national health priorities, according to MOPAN, and focus should be maintained at ensuring alignment with national priorities and extensive stakeholder consultations early and throughout the processes to strengthen relevance and effectiveness at country level.

Denmark will continue following WHO's efforts to strengthen ethics and risk management and zero tolerance on corruption, harassment, sexual exploitation and abuse, and misuse of power. Denmark will promote a strong and independent evaluations policy.

WHO is in the process of developing it's impact measurement criteria following the approach used by MOPAN as a combination of self-assessment and validation using a clear set of performance attribution and criteria. Pilot testing is ongoing.

Annex 1. Summary Results Matrix

The matrix below shows the chosen Danish priorities (cf. chapter 4) and the related set of outcomes, outputs and indictors from the WHO Programme Budget 2020-2021 delivering the GPW13.

Danish priority result area 1: Health system strengthening to achieve universal health coverage.			
Outcome	**Output**	**Indicators**	**Comments**
1.1 Improved access to quality essential health services.	1.1.1 Countries enabled to provide high-quality, people-centered health services, based on primary health care strategies and comprehensive essential service packages. 1.1.2 Countries enabled to strengthen their health system to deliver on condition- and disease-specific service coverage results. 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities.	All indicators associated with outcome 1.1, including: 1.1.IND.17 Coverage of essential health services (defined as average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population).	This outcome is linked to the soft earmarking to noncommunicable diseases in low- and middle income countries. SDG 3 (good health and well-being)
1.2 Reduced number of people suffering financial hardships.	1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.	1.2.IND.1 proportion of population with large household expenditures on health as a share of total household expenditures or income	SDG 1 (no poverty), SDG 3 (good health and well-being)

1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care.	1.3.1-1.3.5	1.3.IND.1 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. 1.3.IND.2 Patterns of antibiotic consumption at national level.	SDG 3 (good health and well being)
2.1 Countries prepared for health emergencies,	2.1.2 Capacities for emergency preparedness strengthened in all countries	2.1.IND.1 International Health Regulations (IHR) capacity and health emergency preparedness.	This outcome is linked to Danish priority for strengthened humanitarian development nexus.
Danish priority result area 2: Human rights and gender equality, including SRHR.			
Outcome	**Output**	**Indicators**	**Comments**
1.1 Improved access to quality essential health services.	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.	1.1.IND.1 Maternal mortality ratio. 1.1.IND.2 Proportion of births attended by skilled health personnel. 1.1.IND.4 Neonatal mortality rate. 1.1.IND.5 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods.	SDG 3 (good health and well being) SDG 5 (gender equality) SDG 10 (reduced inequality)
3.1 Determinants of health addressed.	3.1.1. Countries enabled to address social determinants of health across the life course.	3.1.IND.13 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.	

		3.1 IND.14 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.	
4.2 Strengthened leadership, governance and advocacy for health.	4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored.	D.1.1-D.4.4. Effective mainstreaming of gender, equity and human rights.	Across the spectrum of the organization's work.
Danish Priority Result area 3: A more effective and efficient WHO			
Outcome	**Output**	**Indicators**	**Comments**
4.2 Strengthened leadership, governance and advocacy for health.	4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform. 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthened partnerships.	• Efficient and effective conduct of governing bodies meetings. • Alignment of the work of WHO with the SDG action plan partners and other UN organizations to achieve the SDGs in the context of UN reform. • Performance measures on the implementation of UN reform • Mobilize additional, flexible and more predictable funds needed beyond assessed contribution.	Danish soft earmarking for noncommunicable diseases in linked to ensuring WHO global leadership in this field. SDG 3 (good health and well being) SDG 17 (partnership for goals)

4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner.	4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework. 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.	E.1.1 Effectiveness (in delivery of country support and global goods) relative to resources used. E.1.2 Equity (based on mainstreaming of GER and other relevant data) relative to resources used. E.5.4 Business-critical risks addressed through appropriate actions and mitigation. E.4.2 Resource mobilization efforts consistent with the core mandate and strategic priorities. E.4.4. Appropriate balance between flexible resourcing and earmarked resources, in discussion with donors.	Danish thematic support for non-communicable is linked to E.4.2 on resource mobilization consistent with core strategic priorities. SDG 3 (good health and well being)
Other priorities and areas of cooperation:			
Outcome	**Output**	**Indicators**	**Comments**
2.3 Health emergencies rapidly detected and responded to.	2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities. 2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings.	2.3.IND.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population. 2.3. IND.2 Proportion of vulnerable people in fragile settings provided with essential health services.	This indicator is linked to Danish support to health emergency appeals. This indicator is linked to the Danish humanitarian-development nexus approach.
3.2 Risk factors reduced through multisectoral action.	3.2.1 Countries enabled to develop and implement technical packages to address risk factors	3.2.IND.5 Percentage of bloodstream infections due to antimicrobial resistant organisms.	This indicator is linked to Danish priority for coordinated action on antimicrobial resistance (AMR).

	through multisectoral action.		

Annex 2. Risk management matrix

Risk factor	Likelihood	Impact	Risk response	Background to assessment
Economic, political, environmental, climate changes and epidemic outbreaks affecting WHO's ability to meet its objectives beyond its direct control.	Likely	Major	Coordinated international multi-sectoral action on accelerating SDG implementation and respond to specific threats.	WHO is a specialized UN agency with a mandate on health, depending on other actors to ensure health and well-being.
Economic downturn or decrease in domestic public health spending negatively impacting basic services on health in individual countries.	Likely	Major	Increased efforts to align public spending with disease burden in such countries.	Health challenges and disease burden does not meet ability to pay in a number of developing countries.
Underfunding and earmarking negatively affecting Danish priorities.	Likely	Major	Continued reform and effectiveness to enhance donor trust and increase flexible funding remains a key strategic issue for WHO.	MOPAN recommends that together with on-going dialogue and transformed approaches to engagement and resource mobilization, demonstrating the continued effectiveness of reform is part of the solution.
Lack of alignment with national health priorities.	Less likely	Major	Focus at ensuring alignment and extensive stakeholder consultations early and throughout the	WHO has a clearly prioritized operational planning process anchored to national

			processes to strengthen relevance and effectiveness at country level.	health priorities, according to MOPAN.
Zero tolerance on corruption, harassment, sexual exploitation and abuse, and misuse of power.	Less likely	Major	Promote zero tolerance, ensure strong and independent complaints mechanism, oversight and evaluations policy.	WHO has focus and mechanism in place and need to stay focused including a part of a wider UN effort.
Ineffective measurement of impact.	Less likely	Major	WHO is developing its data collection and impact measurement criteria following the approach used by MOPAN as a combination of self-assessment and validation using a clear set of performance attribution and criteria. Pilot testing is ongoing.	WHO has shifted its focus from measuring output to measuring impact. WHO depends on health data to ensure effective implementation of mandate.