Danish Organisation Strategy
For The World Health Organization (2024-2028)

Introduction: The World Health Organization (WHO) is the United Nations agency for health responsible for setting evidence-based global technical norms and standards, monitoring global health trends and providing policy options and assistance to member states. Since the COVID-19 pandemic there has been a growing demand for the organisation to take on country-level implementation roles.

Key results:

- Increased health security preparedness, coverage of essential and climate change resilient health services; fewer people suffering financial hardship in accessing health services.
- Effective human rights and gender mainstreaming; reduced global maternal mortality; increased proportion of women who make their own informed decisions regarding sexual and reproductive health care.
- Transparent and results-oriented financial, human and administrative management.

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. WHO has a clear long-term vision aligned with the SDGs.
- WHOs work is an important basis for UNFPA, The Global Fund, UNAIDS and other organisations to which Denmark is a contributor.

How will we ensure results and monitor progress:

- Denmark will work closely with EU Members States and other like-minded countries on key shared priorities and follow-up on MOPAN recommendations.
- Monitoring Danish priority areas based on WHO's own framework and indicators.

Risk and challenges:

- Politicisation and push-back against gender transformative agendas including sexual and reproductive health and rights.
- The COVID-19 pandemic seriously compromised planned health activities from 2020 to 2023.
- 85% of the health-related SDGs are off track.
- Climate change is a growing threat to human health and impacts the resilience of health systems.
- Over reliance on earmarked funds limits WHO's flexibility and predictability in financial planning.

File No.	24/39059					
Responsible Unit	FN-Genève					
Mill.	2024	2025	2026	2027	2028	total
Commitment*	70	70	70	70	70	350
Projected ann. Disb.	70	70	70	70	70	350
Duration of strategy	2024-2028					
Finance Act code.	06.36.03.12					
Desk officer	Signe Refstrup Skov					
Financial officer						

SDGs relevant for Programme*

* Overall goal to *leave no one behind*

Budget	
Voluntary contribution	**350 million DKK**
Total*	**350 million DKK**

**Subject to annual parliamentary approval*

Danish involvement in governance structure

- Denmark actively participates in the annual World Health Assembly, the Executive Board as an observer and the WHO Regional Committee for Europe.
- The Permanent Mission of Denmark to the United Nations in Geneva is an active participant in ongoing Member States consultations and briefings.

Strat. objectives	Priority results
Contribute to the achievement of the health-related United Nations (UN) Sustainable Development Goals (SDG), in particular SDG 3 (good health and well-being), 5 (gender equality), 10 (reduced inequalities), and 17 (partnerships).	*Health systems strengthening to achieve universal health coverage*
	Pandemic, health emergencies and global health risk preparedness.
	Human rights and gender equality, including sexual and reproductive health and rights (SRHR).
	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	Budget 2025-2028 USD 4.1 billion + USD 7.1 billion in voluntary contributions. 8,000 staff
Executive Director	Dr. Tedros Adhanom Ghebreyesus (Ethiopia)
Member States	194
Governed by	World Health Assembly

MINISTRY OF FOREIGN AFFAIRS OF DENMARK

DANIDA | INTERNATIONAL DEVELOPMENT COOPERATION

Danish Organisation Strategy for

World Health Organization

2024-2028

Draft 29 August 2024

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1 Objective

Denmark's cooperation with WHO is shared between the Ministry of the Interior and Health (MIH), which provides and manages the Danish *assessed* contribution, and the Ministry of Foreign Affairs (MFA), which provides financial support for the Danish *voluntary* contribution to WHO as well contributions to emergency appeals as appropriate. The two ministries closely coordinate the Danish contributions, including through this strategy for cooperation between Denmark and the World Health Organization (WHO) (hereinafter ' The Strategy').

The Strategy forms the basis for Denmark's *voluntary* contribution to WHO for 2024-2028. The annual budget is 70 million DKK totalling DKK 350 million over five years.

The overall objective of Denmark's support is to contribute to the achievement of the health-related United Nations (UN) Sustainable Development Goals (SDG), in particular SDG 3 (good health and well-being), 5 (gender equality), 10 (reduced inequalities), and 17 (partnerships).

The Strategy outlines specific results that Denmark will pursue in its continued cooperation with the WHO. Denmark will pursue these priorities by working closely with like-minded countries.

Box 1: Priority areas

Priority 1: Health systems strengthening to achieve universal health coverage.

Priority 2: Pandemic, health emergencies and global health risk preparedness.

Priority 3: Human rights and gender equality, including sexual and reproductive health and rights (SRHR).

Priority 4: A more effective and efficient WHO.

The Strategy outlines the selection and alignment of Danish priorities with WHO's *The Fourteenth General Programme of Work 2025-2028* (GPW 14).[1] Three Danish thematic areas and one WHO organisational effectiveness priority area have been chosen based on the WHO GPW 14 (see Box 1). GPW 14 is structured around WHO's three strategic objectives: (i) promote health, (ii) provide health, and (iii) protect health (see details in section 2 below).

Support to WHO is directly in line with the strategy "*The World We Share"* - Denmark's strategy for development cooperation. *The World We Share* underlines that Denmark's overriding aim in international development cooperation is *to fight poverty, enhance sustainable growth and development, and promote economic freedom, peace, stability, equality, and rules-based international order.* This includes Denmark's steadfast commitment to Agenda 2030 and the Sustainable Development Goals (SDGs.) in general and, in the context of global health, SDG 3, *"Ensure healthy lives and promote wellbeing for all at all ages*".

Access to basic health services is important for preventing disease and helping people in urgent need. Denmark sees access to strong health systems and primary healthcare as prerequisites for achieving results in the rest of the health field and as foundational to achieving the SDGs. As *The World We Share* points out, a healthy physical and mental life is essential for enabling people to unlock their life opportunities. Equitable access to quality health services has become even more imperative during the COVID-19 pandemic, which has exacerbated the pressure on already weak health systems and reduced the life

opportunities of particularly vulnerable and marginalised groups. The COVID-19 pandemic has also impacted WHO's role and added significant demands on the organisation to deliver at the country level, in addition to its global normative mandate.

Denmark's human rights-based approach applies the principles of non-discrimination, participation, transparency, and accountability in all phases of development cooperation. WHO works to attain the highest possible level of health for all people as a fundamental right of every human being. Promoting gender equality, health equity, and human rights is part of WHO's concept of *Leaving No One Behind.*

This Strategy will be implemented in line with the Danish How-To-Notes.[2] Universal Health Coverage (UHC) is central to the *How-To Note for Social Sectors and Social Safety Nets,* which explicitly states that Denmark, at the global level, will contribute to health security through the WHO, promoting implementation and compliance with the International Health Regulations (IHR) and establishing a global pandemic treaty.

Access to health is a right that encompass people's physical, mental and social well-being. This Strategy reflects Denmark's position that sexual and reproductive health and rights (SRHR) are about the right to decide over one's own body. Comprehensive sexuality education (CSE), modern forms of contraception, and access to safe abortion are at the heart of the full enjoyment of this right. SRHR is not only about girls and women. Men and boys also have such rights and play an important role in securing SRHR access for all. Healthcare should be available, free of prejudice (e.g. against LGBT+) and affordable. *The How-To Note on Human Rights and Democracy* reinforces these priorities and promotes youth and civil society engagement, as well as national legislation and policies that protect the rights of women and girls to bring about concrete changes in gender relations and the underlying power structures. The *How-To Note on the Green Transformation of Agri-Food Systems, Agri-and Food Production, Business and Food Security* points to the importance of WHO involvement in the One Health Initiative that provides an integrated, unifying approach to balancing and optimising the health of people, animals and ecosystems and responds to the gaps and lessons learned from the COVID-19 pandemic.

Reflecting the principle of dynamic partnerships (SDG 17) that underpins *The World We Share*, Denmark's organisation strategy for WHO complements other Danish organisation strategies, including for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Vaccine Alliance (GAVI), the United Nations Fund for Population Activities (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).[3] These Danish partnerships mirror the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP), established in 2019. WHO plays a key role in this global partnership, bringing together thirteen multilateral health, development and humanitarian agencies. This includes other UN agencies with Danish organisation strategies, including UNWOMEN, UNICEF, UNDP, and the World Bank. The latter manages the in 2022 established Pandemic Fund to which Denmark contributes.

2 The organisation

Relevance. Founded in 1948, WHO is mandated to be the directing and coordinating authority on international health within the United Nations (UN) system. WHO has an 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". WHO provides normative leadership on global health issues, including IHR and pandemics. It is responsible for setting evidence-based global technical norms and standards, monitoring global health trends and providing policy options and assistance to member states.

In addition to WHO's normative and standard-setting role, a growing demand to take on country-level implementation roles puts new demands on the WHO organisation. Since the COVID-19 pandemic, the WHO has seen a marked increase in demand for its support in strengthening health systems at the country level and responding to protracted crises and sudden-onset emergencies that are increasing due to climate change.

The WHO is a central actor in the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) launched at the UN General Assembly in September 2019. The SDG3 GAP is a set of commitments by 13 agencies, including several that Denmark also partners with on its global health priorities (see previous section). The SDG3 GAP plays significant roles in health, development, and humanitarian responses.[4] WHO is the Cluster Lead Agency (i.e. leading health-related humanitarian response), providing secretariat support to the Inter-Agency Standing Committee (IASC) (the UN's primary humanitarian response coordination mechanism).[5]

Governance and management. WHO is governed by the World Health Assembly (WHA), which is held annually in Geneva among its 194 member states and supported by an Executive Board of 34 members. Denmark was a member of the Executive Board from 2021-2024. The WHO Secretariat is headquartered in Geneva, Switzerland, and is responsible for the management and administration of the organisation. It has six regional offices located in Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia and the Western Pacific as well as 150 country offices. The organisation has more than 8,000 staff spread across these offices. The regional offices play an important role in WHO's organisational and management structure, providing the link between HQ and country offices for policy-setting, planning, implementation, results, and data-related functions. The WHO regions have a degree of autonomy, with their distinct governance structures and procedures for selecting regional directors. Regional directors are responsible for implementing strategies and programmes across regions and country offices. Each country office develops a Country Co-operation Strategy (CCS) – or, for the regional office for Europe (EURO), a Biennial Collaborative Agreement – to guide its work. The European regional office is based in the UN-city in Copenhagen. Since 2017, WHO has been headed by Director-General Dr Tedros Adhanom Ghebreyesus (Ethiopia).

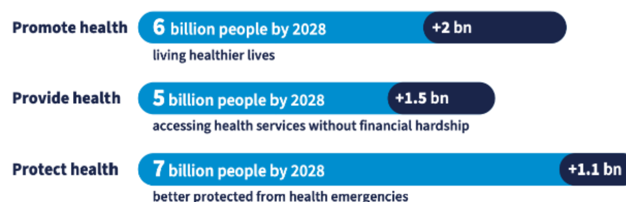
Operational focus. WHO's General Programme of Work sets a high-level roadmap and agenda for global health and is the organisation's overall strategic document. It identifies

WHO's priorities and strategic direction for a specified period and provides a framework for resource allocation and decision-making. In May 2024, the WHA approved GPW 14 for 2025-2028.

GPW 14 has been developed based on lessons learned from the COVID-19 pandemic, an independent evaluation of GPW 13[6] (see section 3) and consultations with WHO Member States. GPW 14 advances the SDG targets and calibrates WHO's "triple billion goals" introduced in GPW 13 (Box 2). Anchored in the health-related SDGs, the GPW 13 provided a roadmap to increase healthy lives and well-being for all. The conceptual framework for this was to achieve the Triple Billion targets by 2025: 1 billion more people living with better health and well-being, 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies.

In GPW 14, the triple billion targets have been recalibrated to account for changes in the health context and improve impact measurement for 2025–2028. They now reflect absolute population coverages to be achieved by 2028. The preliminary targets are 6 billion people with better health and well-being, 5 billion people who benefit from universal health coverage without financial hardship, and 7 billion people better protected from health emergencies.

Box 2: calibrated triple billion goal



Importantly, compared to GPW 13, GPW 14 has integrated the impact of climate change on health at the strategic objective level (see objective (i) below) and integrated this in its results framework.

GPW 14 strategic objectives are:

(i) Promote health: Respond to climate change and accelerating health threats; Address health determinants and root causes of ill health.

(ii) Provide health: Advance primary healthcare and essential health systems capacities for universal health coverage.

(iii) Protect health: prevent, mitigate, and prepare for health risks from all hazards; rapidly detect and sustain response to health emergencies.

In 2017, the WHO launched the Transformation Agenda, an extensive restructuring process. This long-term transformation required the introduction of structural reforms alongside stronger accountability and transparency mechanisms. Various new tools were introduced, including the Triple Billion dashboard to track reform actions.[7] GPW 14 continues this agenda (see Box 3).

Box 3: GPW 14 continues the WHO Transformation Agenda

1. an impact-focused, data-driven strategy.
2. a collaborative, results-focused culture.
3. an aligned three-level operating model (seeking better to integrate global, regional, and national activities).
4. a new approach to partnerships.
5. predictable and sustainable financing.

Denmark's priorities for voluntary contributions are presented in section 4.

Human rights, gender equality and SRHR. In line with WHO's mandate, integrating human rights and gender equality into WHO are foundational principles and key strategies for achieving the Triple Billion goals. Its poverty focus applies the *Leaving No One Behind* principle in achieving the health-related SDGs. WHO's work is based on the principles of health equity, gender equality and the right to health. It prioritises overcoming barriers and delivering to the unreached and those in situations of poverty and vulnerability, including migrants and displaced populations and persons with disabilities. However, in a 2021 evaluation of the integration of gender, equity and human rights in the work, WHO's own Evaluation Office found significant weaknesses in WHO's execution of this mandate (see section 3).[8]

SRHR are integral to WHO's life-course approach and efforts to ensure universal access to sexual and reproductive health services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes in line with targets 3.7 and 5.6 of the SDG. WHO sees SRHR as integral to human rights and the right to health and operationalised SRHR in GPW 14 in line with SDGs 3 and 5.[9] WHO is yet to articulate how it will incorporate actions on the intersection of climate change, gender equality and SRHR.[10]

PRSEAH. WHO has acknowledged that sexual exploitation, abuse and harassment (SEAH) is a risk for the organisation, its staff and members of the communities it serves, and added SEAH as a principal risk for the organisation. In 2023 it initiated a three-year strategy for preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH)[11] and operates a related portal.[12] MOPAN 2024 notes that WHO, underpinned by dedicated and clear leadership, has significantly strengthened its infrastructure and capacity related to PRSEAH.

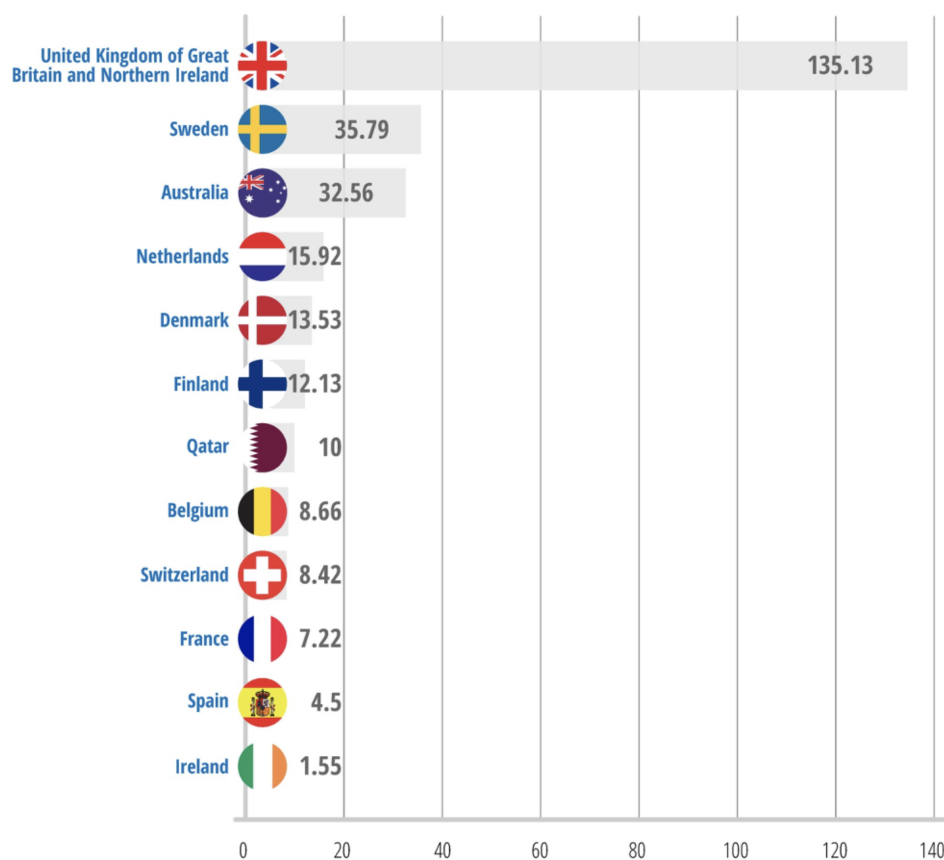
Reform and performance. The latest MOPAN (published June 2024)[13] highlights that fundamentally different skills and operational preparedness are required for WHO's dual role of setting norms, guidance and standards and increasingly operationally responding to crises and emergencies at the country level. The assessment highlights that WHO, during the COVID-19 pandemic, showcased capabilities for speed and agility that are critical and need to be accelerated as part of ongoing reforms.

MOPAN 2024. MOPAN's scores are based on available data that is considered weak across the board. Furthermore, MOPAN's confidence level in these scores below is limited by the lack of coverage of WHO's evaluations. With this general caveat, MOPAN finds that WHO's overall performance ratings over the review period are satisfactory for organisational architecture and financial framework achievements, cross-cutting issues, operational model and resources support relevance and agility, cost and value consciousness, financial transparency, planning and intervention design, and partnerships. Performance on results focus and evidence-based planning are scored as unsatisfactory. Outcome scores on achievement of results, relevance, efficiency and sustainability received satisfactory scores, except for environmental and climate change results.

Financial situation. The WHO budget for GPW 14 (2025-2028) is USD 4.1 billion plus a need for USD 7.1 billion in voluntary contributions, thus totalling 11.1 billion. In a new approach towards fundraising, WHO plans an Investment Round for the end of 2024 to mobilise funding for WHO's core work for the four-year period 2025-2028 instead of the usual two-year biennium funding cycles.[14] In recent years, income from assessed contributions has been static in absolute terms and has declined as a share of the total to just 14 per cent in the 2022-2023 biennium (see details in Annex 2). Against this background, WHO Member States in the May 2023 World Health Assembly agreed to a 20 per cent increase in assessed contributions. MOPAN 2024 flagged the importance of implementing WHO's funding model reforms to achieve a level of 50 per cent assessed funding.

It is a significant challenge for WHO that 88 per cent of voluntary contributions are earmarked. This undermines the organisation's managerial flexibility. WHO's dependency on relatively few countries providing voluntary contributions is underscored by the fact that the UK's contribution is larger than the total of the next ten countries (see Figure 1). As noted by MOPAN 2024, WHO's dependence on a narrow donor base for voluntary contributions has made resources less predictable.

Figure 1 – WHO core voluntary contributions (2022 Annual Report)



Source: https://www.who.int/about/funding

Danish financing. Denmark ranked fifth among the countries providing voluntary core contributions to WHO in 2020-2021. Denmark's annual voluntary contribution of DKK 35 million projected in Denmark's organisation strategy for WHO 2020-2023 was increased to DKK 70 million from 2021 onwards and will remain at this level. Denmark's annual assessed contributions under the Ministry of the Interior and Health over the period 2020-2023 have averaged DKK 14 million per year.

The voluntary contribution is in addition to assessed contributions and in-kind support to the WHO Regional Office for Europe in Copenhagen and potential contributions to Humanitarian Appeals.

3 Lessons learnt, key strategic challenges and opportunities

3.1 Challenges

Changing geopolitics and a growing number of crises further complicate efforts to leave no one behind. In the health domain, consequences of great power contestation and the rise of populism include an anti-gender trend seeking to roll back or hinder the advancement of sexual and reproductive health and rights (SRHR) and comprehensive sexuality education (CSE), including within the UN System. Politicisation and push-back against gender transformative and SRHR-related language in resolutions and decisions has been an increasing trend in the WHA. In the most recent WHA (2024) this was reflected in an unprecedented number of instances where voting (instead of consensus) was required to pass resolutions.

Agenda 2030 is off track. WHO estimates that less than 15 per cent of the health-related SDGs are on track. The COVID-19 pandemic seriously compromised planned health activities from 2020 to 2023. Progress has been made, but the pace of progress is insufficient to meet the SDG targets by 2030. The number of children missing out on vaccinations is rising. Non-communicable diseases (NCDs) have become the leading cause of premature death, particularly in lower-income countries. Mental health disorders are more prevalent than anticipated. Antimicrobial resistance (AMR) threatens a century of medical progress.

The lack of progress towards the SDGs that underpin key determinants of health, including poverty and social protection (SDG1) and the lack of prioritisation of gender equality (SDG 5) has far-reaching negative consequences for individual health and well-being; the capacity of health systems to ensure that women and girls can access all the services they need without discrimination, including sexual and reproductive health services; and women's empowerment in the health and care sector. The COVID-19 pandemic impacted the already lagging progress on education (SDG 4), which is a key health determinant. Unhealthy diets and malnutrition are now estimated to account for nearly one-third of the global burden of disease (SDG2). The modest progress on childhood stunting and wasting is at risk, including through conflict and worsening food insecurity: 735 million people face chronic hunger, and 333 million people were acutely food insecure in 2023. Between 2.2 billion and 3.5 billion people still lack access to safely managed drinking water and

sanitation, respectively (SDG6), and 2.3 billion people rely primarily on polluting fuels and technologies for cooking (SDG 7 Affordable and Clean Energy).

Climate change is a growing threat to human health. Climate change impacts the resilience of health systems. Extreme weather events affect the lives of millions of people, increasing and changing the disease burden and the risk of future disease outbreaks, disrupting vital systems and undermining health determinants that disproportionately impact already vulnerable populations. Severe weather events, air and chemical pollution, microbial breaches across the animal–human-environment interface and climate-sensitive epidemic diseases are increasing in frequency across the globe, with a disproportionate impact in particularly vulnerable areas.[15]

Human migration and displacement have reached unprecedented levels. An estimated 1 billion people have chosen to migrate or have been forcibly displaced, either within or beyond their country, owing to economic, environmental, political, conflict and other forces. Conflict, insecurity and displacement crises are increasing; attacks and casualties among healthcare workers and damage to health facilities have escalated.

Financing. WHO faces significant funding challenges primarily due to its heavy reliance on voluntary contributions, which comprise nearly 80 per cent of its funding. This reliance on earmarked funds limits WHO's flexibility and predictability in financial planning, making it difficult to allocate resources efficiently according to its strategic priorities. The lack of predictable funding also hampers WHO's ability to respond promptly to emerging health crises and maintain a consistent level of support for its core programs. The current funding model's constraints have also led to a shortage of resources for key health areas, such as prevention, and created competition for resources between WHO departments. This situation encourages siloed operations rather than collaborative efforts, inhibiting WHO's agility and effectiveness in addressing global health challenges.

3.2 Lessons

MOPAN 2024. According to MOPAN 2024, WHO needs to (i) better demonstrate how its activities and outputs make a plausible contribution to the health outcomes it seeks to achieve; (ii) accelerate reforms to build high-performance capacity at the country level; (iii) carry through reforms to WHO's funding model so that more than 50 per cent of funding is in the form of assessed contributions; (iv) strengthen its evaluation function in line with its own and UN norms to improve both accountability and corporate learning further; and (v) maintain the attention on addressing PRSEAH to achieve permanent culture change.

Results-based management. An overarching theory of change now articulates how WHO's core work enables the joint actions needed by Member States, WHO and partners to achieve the draft GPW 14 strategic objectives and joint outcomes. WHO's strategic objectives and joint outcomes emphasise priorities on health system resilience, global health equity and access, climate change and disease prevention. An enhanced (draft) results framework_includes "joint" and "corporate" outcomes, recalibrated measurement indices and updated outcome indicators. On data collection and management, the draft GPW 14 emphasises stronger data foundations, with a specific outcome on stronger

country health information, data and digital systems and a corporate emphasis on improving WHO's own data management systems and capacities for producing timely, reliable, accessible and actionable data.

Gender equality and human rights. The 2021 WHO evaluation of its integration of gender, equity and human rights (GER) concluded that WHO needs to make significant changes in driving and investing in gender, equity and human rights throughout the organisation. The evaluation found that country-level work on gender, equity and human rights has not been supported effectively, resulting in variable degrees of integration. Applying lessons learned, GPW 14 commits to advancing gender equality, health equity and the right to health by ensuring relevant actions in all the draft GPW 14 outcomes, especially in the areas of health leadership and advocacy, programme planning and implementation, data and measurement, reporting, and workforce policies and practices. GER has been incorporated into WHO's corporate scorecard, containing the following attributes: (i) gender equality and empowerment analysis, (ii) reducing inequities, (iii) meaningful participation, and (iv) increasing inclusion in the health sector for persons with disabilities.

3.3 Opportunities

Overall, the opportunity for Denmark lies in the convergence with Danish priorities. Denmark and WHO share a commitment to Agenda 2030, its principles and the SDGs. A shared premise for Denmark's Organisation Strategy and GPW 14 is that the world has changed in fundamental ways and will continue to do so in with profound implications for human health and well-being, particularly for the poorest and most vulnerable. Specific opportunities include the fact that the WHO in GPW 14 has elevated its response to climate change to a strategic level objective.

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' SDG and lessons learned from previous support. Annex 1 shows Danish development cooperation priorities for WHO and their relation to WHO outcome and output indicators to be used to monitor implementation and progress on this Strategy 2025-2028[1].

Priority 1: Health systems strengthening to achieve universal health coverage

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, including primary health care, to ensure increased and better access for the millions of people who are unable to obtain the health services they need, particularly the poor and marginalised. Achieving Universal Health Coverage is at the core of WHO's 'provide health' strategic priority in line with SDG target 3.8. This includes financial risk protection, access to quality essential health services, including

[1] For 2024 the indicators from GPW 13 will be used.

SRHR services, and access to safe, effective, quality and affordable essential medicines and vaccines for all. Health systems must have sufficient capacity and resilience to be prepared for and respond to emergencies, including in relation to the effects of climate change on health and health systems.

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.

WHO GPW 14 outcomes: 1.1, 3.2, 4.1, 4.3

Priority 2: Pandemic, health emergencies and global health risk preparedness
As requested by Member States in December 2021, WHO has been convening meetings of the Intergovernmental Negotiating Body (INB) and facilitating the drafting of a convention, agreement or other international instrument under the WHO Constitution to strengthen pandemic prevention, preparedness and response[16] with a view to adopt a legally binding framework at latest by WHA in May 2025.

Health systems and services are at risk globally when microbes become resistant to antimicrobials such as antibiotics and start to spread. WHO has classified antimicrobial resistance (AMR) as one of the top 10 threats to global health.

GPW 14 addresses the increasing frequency and intensity of health emergencies globally, exacerbated by climate change, environmental degradation and pollution, urbanisation, political instability and conflict, against the backdrop of weak health systems that the COVID-19 pandemic has further debilitated. Due to a combination of conflict, climate change, and protracted situations, in 2023, an unprecedented 340 million people needed life-saving humanitarian assistance. This number continues to increase due to the historically high number of health emergencies worldwide. Emphasising prevention and resilience is the most efficient approach to health emergencies through a humanitarian-development-peacebuilding (HDP) nexus approach.

Denmark will support pandemic preparedness and response, and the AMR and vaccine agendas through multilateral efforts to build more resilient healthcare systems and work for increased equitable access to medical countermeasures. Denmark will work to ensure access to healthcare services, including SRHR services, in fragile countries and regions of origin, focusing on marginalised groups and women, children and young people. This includes helping vulnerable refugees, internally displaced people, and local host communities when crisis, conflict or disaster strikes.

WHO GPW 14 outcomes 4.1, 5.1, 5.2, 6.2

Priority 3: Human rights and gender equality, including SRHR
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 GPW-14, 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 will work to ensure that WHO continues to develop and strengthen its human rights and gender policies and uses evidence to include gender-transformative approaches to remove barriers to accessing services and to promote sexual and reproductive health and rights, including comprehensive sexuality education and safe abortions, both in WHO policies, guidelines etc., but also at country level.

WHO GPW 14 outcomes: 3.1 and 4.2

Priority 4: A more effective and efficient WHO
WHO will continue deepening reforms initiated during the previous organisation strategy. WHO Corporate Outcome 4 is focused on enhancing the WHO Secretariat's organisational performance. Four areas of focus will be the basis for developing corporate indicators.

1. Ensuring a motivated, diverse, empowered and fit-for-purpose WHO workforce operating in a respectful and inclusive workplace, with organisational change fully institutionalised.
2. Strengthening WHO country office presence and core capacities to drive measurable impact.
3. Enhancing the effectiveness and efficiency of oversight and accountability functions across the three levels of WHO.
4. Strengthening results-based management through a strong programme budget, supported by transparent resource allocation and sound financial management.

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 by agreed priorities and in close cooperation with relevant partners and aligned with UN development reform.

WHO GPW 14 corporate outcome 4

Other priorities and areas of cooperation
In addition to the main priorities outlined above, Denmark will seek cooperation and dialogue with WHO to support other areas of joint Danish and WHO interests, such as non-communicable diseases (NCDs) and Mental Health. This includes, as a priority, continued focus and effort to improve coordination and collaboration between WHO and other health actors. Denmark will continue to work toward strengthening the WHO in health emergencies, including providing support to specific health emergency appeals as appropriate. Denmark will also engage WHO on common interests, including, but not necessarily limited to, areas of Danish expertise and private sector partnerships and cooperation.

5 Danish approach to engagement with the organisation

Working closely with The Ministry of the Interior and Health (MIH), the Danish Health Authority (DHA), and other stakeholders, the MFA will engage the WHO Secretariat in addressing the priorities described in this Strategy. Thus, Denmark will actively participate in WHO's formal governance structures, namely the WHO Executive Board and the annual World Health Assembly, to influence WHO's strategies and operating model. Denmark is represented by a delegation from MFA, MIH and DHA at the official meetings. Moreover, Denmark will use formal and informal channels to hold WHO accountable on its commitments set out in GPW 14 and to influence the direction of new and existing initiatives.

Denmark will work closely with Members States of the European Union to jointly influence resolutions and decisions on key shared priorities. Beyond the EU, Denmark will also leverage the good collaboration among Nordic-Baltic countries and will work with other like-minded countries by voicing concerns as a group and taking joint initiatives on key priorities to achieve results in WHO.

Denmark will hold WHO accountable for its commitment to strengthening its positions as an evidence-based technical global health organisation and its accountability and transparency in monitoring performance and progress on its strategic priorities, as stated in GPW 14. Denmark will emphasise effective monitoring and reporting on the Danish priorities specified in Section 4 and Annex 1 and encourage follow-up on MOPAN recommendations.

6 Budget

Denmark's total annual *voluntary contribution* to WHO is projected to be DKK 70 million per year starting the 4th quarter of 2024. This is the same level of contribution that has been provided since 2021. In line with WHO's shift to a four-year funding period (from earlier 2-year budget cycles), Denmark's voluntary contribution will be a commitment covering the full GPW14 period 2025-2028. The funding will be monitored against the agreed Danish priorities using WHO's annual reporting of progress to the World Health Assembly in May each year.

Table 2 – Indicative budget for Denmark's voluntary engagement with WHO (DKK million)/1

	Finance act	2024	2025	2026	2027	2028	**Total**
Voluntary contribution	06.36.03.12	70	70	70	70	70	**350**
Total							**350**

1/ subject to annual parliamentary approvals

7 Risk and assumptions

Contextual risks. Global health is directly affected by major world challenges concerning economic, political, environmental and climate change and thus WHO's ability to meet its objectives is beyond its direct control. Epidemic outbreaks are an increasing global health security risk requiring a broad focus on global preparedness and response beyond health systems. Increased geopolitical contestations and tensions may undermine pertinent WHA decision-making and agility and seek to roll back progress on SRHR, gender equality and health-related aspects of gender-diversity agendas.

Economic downturn or decrease in domestic public health spending could negatively impact basic services on health and present challenges for the fulfilment of the WHO strategic goals. Health challenges and disease burden often exceed the ability to pay in several developing countries, and increased efforts to ensure a better balance could improve health and human capital to benefit such countries.

Climate change exacerbates health risks by directly damaging health facilities, disrupting service delivery, and increasing the burden of vector-borne and other climate-sensitive diseases. It is also widening health inequities, particularly affecting disadvantaged groups and vulnerable populations. Climate change is intensifying existing inequalities, disproportionately impacting women and marginalised groups who often lack access to resources needed for resilience.

There is a significant gap between the stated goals of gender equality and SRHR in climate policies and their on-the-ground implementation, with women frequently excluded from decision-making processes. To address these challenges, there is an urgent need for gender-sensitive climate finance and a strategic focus on including women in all aspects of climate action. Additionally, supporting women's organisations and networks is essential to ensure that gender equity and SRHR are integrated into climate policies relevant to the health sector. These impacts underscore the urgency for WHO to promote climate-resilient and environmentally sustainable health systems and integrate health into broader climate adaptation and mitigation strategies.

Source: Danish Ministry of Foreign Affairs May 2024 Climate Change and Gender Equality and Sexual and Reproductive Health and Rights.

Programmatic risk. The highly ambitious programme budget risks underfunding and earmarking. A resulting lack of flexible funding could negatively affect Danish priorities. Increasing flexible funding remains a key strategic issue for WHO. Follow-through on WHO organisational transformation and related corporate goals is essential, as pointed out in MOPAN 2024

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

Annex 1: Summary results matrix

The matrix below shows the chosen Danish priority results (cf. chapter 4) and the related set of outcomes, outputs and indicators from the WHO GPW 14 as per the GPW draft results framework of June 2024. It should be noted that the final GPW 14 results framework is expected to be approved by the World Health Association in its session in May 2025.

Danish priority results area 1: Health system strengthening to achieve universal health coverage		
WHO GPW 14 Outcomes: 1.1, 3.2, 4.1, 4.3		
WHO objective	**WHO Outcomes**	**Outcome Indicator (draft)[2]**
Respond to climate change, an escalating health threat in the 21st century	1.1 More climate-resilient health systems are addressing health risks and impacts	Index of national climate change and health capacity
Advance the primary health care approach and essential health system capacities for universal health coverage	3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved	Government domestic spending on primary health care as a share of total primary health care expenditure
Improve health service coverage and financial protection to address inequity and gender inequalities	4.1 Equity in access to quality services for noncommunicable diseases, mental health conditions, and communicable diseases while addressing antimicrobial resistance.	SDG indicator 3.8.1. Coverage of essential health services
	4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable.	Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available) Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available)

Danish priority results area 2: Pandemic, health emergencies and global health risk preparedness		
WHO GPW 14 Outcomes: 4.1, 5.1, 5.2, 6.2		
WHO objective	**WHO Outcomes**	**Outcome Indicator (draft)**
4 Improve health service coverage and financial protection to address inequity and gender inequalities	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance	SDG indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
5. Prevent, mitigate and prepare for risks to health from all hazards	5.1 Risk of health emergencies from all hazards reduced and impact mitigated	Probability of spillover of zoonotic diseases

[2] Based on: https://cdn.who.int/media/docs/default-source/documents/ddi/gpw14-results-framework_outcome-indicators_metadata.pdf?sfvrsn=fb0df704_10&download=true

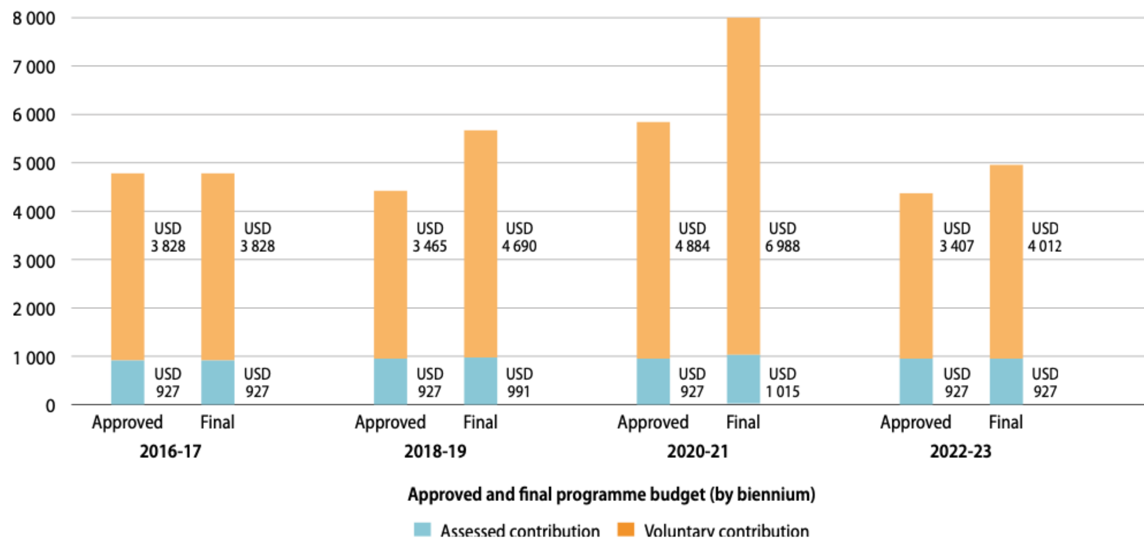
	5.2 Preparedness, readiness and resilience for health emergencies enhanced.	SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness
6 Rapidly detect and sustain an effective response to all health emergencies	6.2 Access to essential health services during emergencies is sustained and equitable.	Proportion of vulnerable people in fragile settings provided with essential health services (%)

Danish priority results area 3: Human rights and gender equality, including SRHR		
WHO GPW 14 Outcomes: 3.1, 4.2		
WHO objective	**WHO Outcomes**	**Outcome Indicator (draft)**
3 Advance the primary health care approach and essential health system capacities for universal health coverage	3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage	3.9 Gender equality advanced in and through health
4 Improve health service coverage and financial protection to address inequity and gender inequalities	4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and older person health and nutrition services and immunization coverage improved	SDG indicator 3.1.1. Maternal mortality ratio SDG indicator 5.6.1. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care SDG indicator 5.2.1. 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 SDG indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods SDG indicator 3.7.2. Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group

Danish priority results area 4: A more effective and efficient WHO		
WHO GPW 14 Corporate Outcome 4		
WHO objective	**WHO Outcomes**	Outcome Indicator (draft)
A more effective and efficient WHO	Corporate outcome 4. A sustainably financed and efficiently managed WHO, with strong oversight and accountability and strengthened country capacities, better enables its workforce, partners and Member States to deliver the GPW 14	These indicators will measure the extent to which WHO's funding is aligned with GPW 14 priorities, the strengthening of WHO country office core capacities and capabilities, and transparency and joint accountability for results. The scope of these indicators will include assessing, for example: – how well the WHO budget for the GPW 14 priority outcomes is funded – the percentage of WHO country workforce positions that are filled and the roll out of the core predictable country presence model – the joint Member State-Secretariat assessment of GPW 14 results

Annex 2: WHO background material

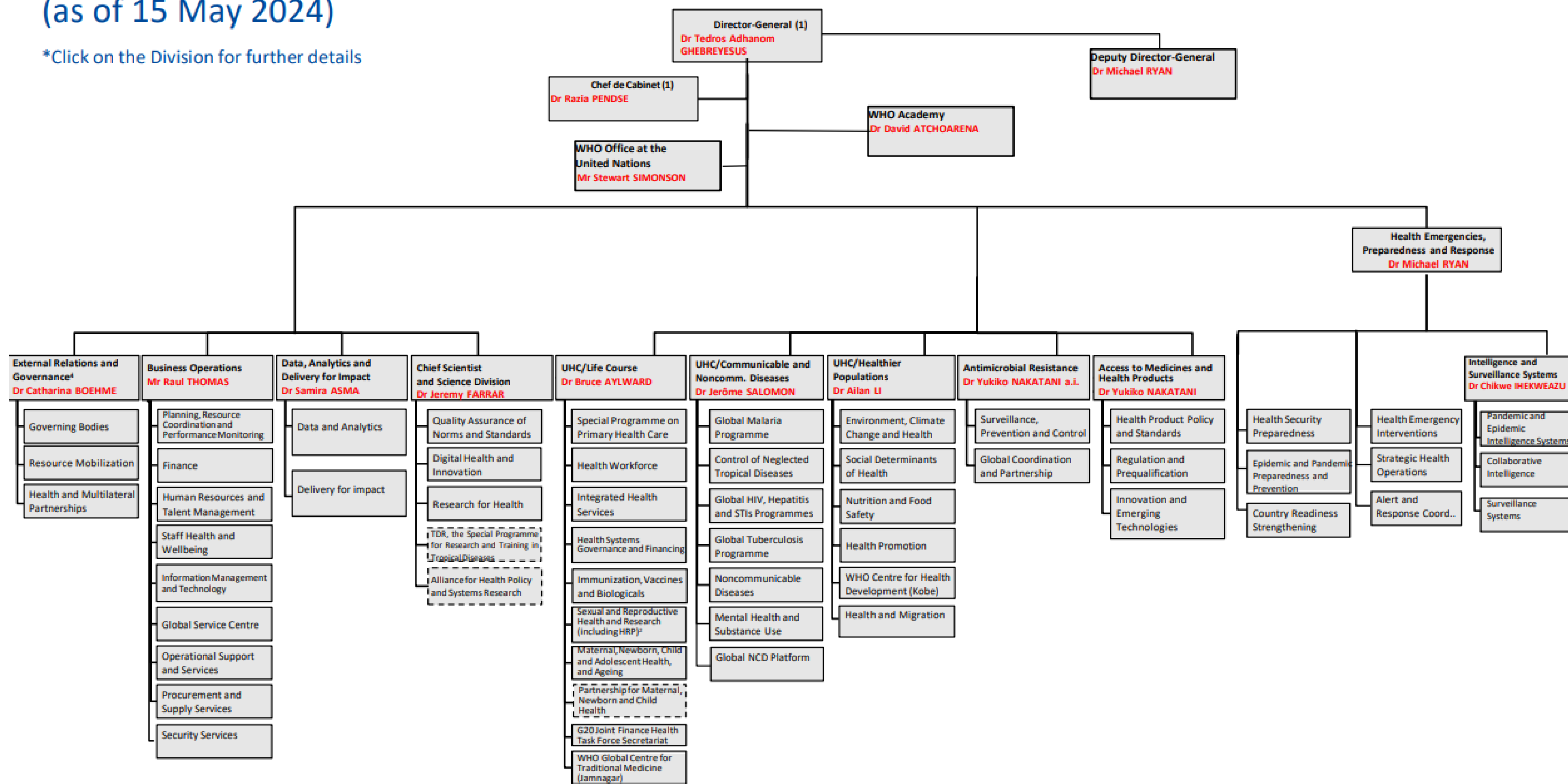
Annex 2.1 WHO assessed and voluntary contributions 2016-2023 (USD)



MOPAN 2024

Annex 2.2 WHO Organisational structure

World Health Organization Headquarters*
(as of 15 May 2024)



(1) Includes: Office of the Director General; Chief Nurse Office; Compliance and Risk Management and Ethics (CRE); Country Strategy and Support (CSS); Communication (DCO); Envoy for Multilateral Affairs (EMA); Evaluation Unit (EVL); Global Board of Appeal (GBA); Gender, Rights and Equity - Diversity, Equity and Inclusion (GRE); Global Preparedness Monitoring Board (GPMB); IOAC; Office of Internal Oversight Services (IOS); Office of the Legal Counsel (LEG); Office of the Ombudsperson and Mediation Services (OMB); Polio Eradication and Polio Transition Programme (POL); Prevention and Response to Sexual Exploitation (PRS); Transformation Implementation and Change (TIC).

(2) Research agenda coordinated with Chief Scientist

Annex 2.3 Intersection of Climate change and health: SDGs under WHO custodianship

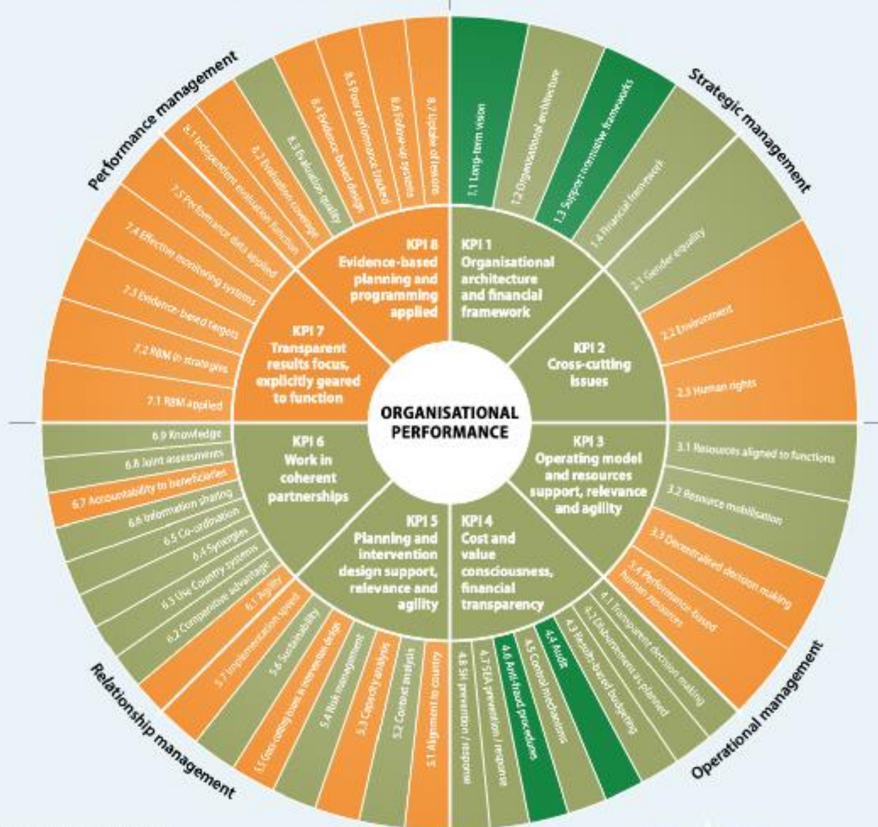
Table 4. Negative impacts to health-related SDGs due to climate change: indicators under WHO custodianship[a]

IPCC AR6 projections indicate negative impacts of climate change	IPCC AR6 evidence suggests negative impacts of climate change without specific projections	IPCC AR6 evidence indicates negative impacts from processes that drive climate change
2.2.1 Stunting under age 5 years *(13)*	**3.8.2** Household health expenditure *(10)*	**3.9.1** Mortality from indoor and outdoor air pollution
2.2.2 Malnutrition under age 5 years (wasting and overweight) *(13)*	**3.9.2** Mortality from unsafe WASH *(8, 17)*	**11.6.2** Mean levels of fine particulate matter in cities (e.g. PM2.5)
2.2.3 Anaemia in women aged 15–49 years *(13)*	**3.d.1** Health emergency preparedness *(12, 41)*	
3.3.3 Malaria incidence *(8)*	**5.2.1** Ever-partnered women and girls aged ≥15 years subject to physical, sexual or psychological violence by a partner *(8, 20)*	
3.3.5 Interventions needed for neglected tropical diseases *(13)*	**5.2.2** Women and girls aged ≥15 years subject to sexual violence by someone other than an intimate partner *(8, 20)*	
3.4.1 Mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease *(13)*	**6.3.1** Domestic and industrial wastewater flows safely treated *(13)*	
6.1.1 Use of safely managed drinking water services *(8, 17)*	**3.8.1** Coverage of essential health services	
6.2.1 Use of safely managed sanitation *(13)*		

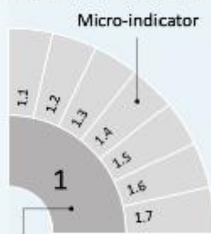
Source: https://cdn.who.int/media/docs/default-source/climate-change/who-review-of-ipcc-evidence-2022-adv-version.pdf?sfvrsn=cce71a2c_3&download=true

Annex 2.4 MOPAN 2024 WHO performance illustration

FIGURE 1: **WORLD HEALTH ORGANIZATION'S PERFORMANCE RATING SUMMARY**



How to read these charts



Highly satisfactory (3.51-4.00)
Satisfactory (2.51-3.50)
Unsatisfactory (1.51-2.50)
Highly unsatisfactory (0-1.50)
No evidence / Not applicable

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[1] The World Health Assembly GPW 14 draft of May 2024 (latest available) has been consulted https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_16-en.pdf
[2] These can be accessed here
[3] Note on 11 organisations as per UNAIDS strategy
[4] https://www.who.int/initiatives/sdg3-global-action-plan/about
[5] https://healthcluster.who.int/about-us
[6] https://cdn.who.int/media/docs/default-source/evaluation-office/evaluation-report-gpw13.pdf?sfvrsn=215b2a79_4&download=true

[7] https://www.who.int/about/transformation/a-transformative-journey
[8] https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf
[9] https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights#tab=tab_1
[10] MFA is set to publish analytical work on this intersection in the third quarter of 2024. See also Annex 2.2 on WHO review of IPCC Evidence on climate change, health and well-being (2022) https://cdn.who.int/media/docs/default-source/climate-change/who-review-of-ipcc-evidence-2022-adv-version.pdf?sfvrsn=cce71a2c_3&download=true
[11] https://www.who.int/publications/i/item/9789240069039
[12] https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment
[13] At the time of writing, management response to MOPAN was not yet available
[14] https://www.who.int/about/funding/invest-in-who/investment-round
[15] WHO Draft fourteenth general programme of work. 3 May 2024 page 6
[16] Pandemic prevention, preparedness and response accord (who.int)