

Health Guidance 2022–30

p. 8

Rationale

p. 14

SDC focus in
international
cooperation
in health
until 2030

p. 22

What we have
learnt so far



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC

▼ Young nurses lining up to receive their certificate in Mbozi, Tanzania. A SDC-Geneva University Hospital (HUG) project.



@ FDFA, SDC/Praz Olivier, 2014.

TABLE OF CONTENT

1. Introduction	6
Objectives and structure of the <i>Guidance</i>	
2. Rationale	8
International cooperation in health in the interest of Switzerland	
Switzerland's comparative advantage	
3. SDC focus in international cooperation in health until 2030	14
Focus 1: Advancing Universal Health Coverage	16
Focus 2: Addressing the Determinants of Health	18
4. Guiding modalities	20
Annexes	21
1. What we have learnt so far:	
changing context, health challenges and the SDC response	22
2. Theory of Change (narrative and graph)	34
3. Health and other Sustainable Development Goals (SDGs)	38

PREFACE

The unprecedented COVID-19 pandemic is threatening the achievement of the SDGs. While the pandemic itself is still affecting most parts of the world, its regressive health, environmental, economic and social impact is already visible and threatening to reverse development progresses made to date.

The great burden of malaria, HIV and neglected tropical diseases, neonatal care, as well as healthcare provision in emergencies, remain major health challenges affecting low- and middle-income countries. Populations in low-resource settings face new and fast-changing challenges. These include highly infectious diseases such as Ebola or COVID-19, but also the increasing burden of non-communicable diseases, political turmoil, conflicts and natural disasters, and the health effects of climate change, air pollution and migration.

Over the next decade, the SDC will renew its commitment to achieving Universal Health Coverage, looking at the quality of health systems and fighting communicable and non-communicable diseases specifically affecting low- and middle-income countries. The SDC will also promote investment in sectors that influence health (determinants of health) such as education, water, agriculture and the environment. The value of cross-sectoral action

towards achieving the SDGs is widely recognised. There is growing evidence that action in non-health sectors effectively generates substantial collateral benefits for the given population's health. Health cooperation programmes are also solid points of entry for innovative collaboration with actors such as the private sector and philanthropic foundations.

“Strengthening basic services pays off for human development, and directly contributes to sustainable economic growth. Achieving more equity in health is key for social justice, stability and peace.” Patricia Danzi

The SDC's health engagement over the next decade will build on Switzerland's interests and comparative advantage as a world-leading clinical and public health science and research hub. Moreover, Switzerland is home to International Geneva, the 'World Health Capital', and hosts a significant number of organisations active in health. It is also in Switzerland's interest to actively contribute to global health governance and to strengthen health security.

© FDFA, SDC, 2021.



Engaging in the health sector is in line with Switzerland's *International Cooperation Strategy 2021–24*. It helps achieve the objectives of Switzerland's *Foreign Policy Strategy 2020–23* and the *Swiss Health Foreign Policy 2019–24*. The SDC's *Health Guidance* pursues the 2030 Agenda's objectives and will therefore be valid until 2030.

▲ People on the move struggle to get access to quality health services. In this refugee camp in South Sudan, hosting displaced people from Tigray, Ethiopia, Switzerland supports both short-term emergency interventions and long-term solutions.

Patricia Danzi

Director General of the Swiss Agency for Development and Cooperation (SDC)
Bern, March 2022.

1. INTRODUCTION

Objectives and structure of the *Guidance*

The *SDC Health Guidance 2022–30* aims to increase coherence and complementarity between bilateral health programmes, global initiatives and partnerships, humanitarian action, and policy work supported by the SDC. Having a 'one SDC' approach to health reinforces the role of Swiss international cooperation in global and national platforms.

The *Guidance* provides an institutional framework to guide SDC's engagement in health at country, regional and global level. It defines focus orientations of SDC bilateral cooperation programmes, humanitarian action and global initiatives in health and serves as reference document for SDC, its partner organisations and the wider public.

For the elaboration of the *Guidance*, past SDC health interventions have been carefully analyzed and reviewed. The *Guidance* also considers external evaluations of SDC engagement in health, as well as global health trends. Results at country level have been documented, and best practices identified and used to elaborate recommendations that have influenced the design of larger international programmes, as well as global policy agendas.

You will find in Annex 1 a summary of the current structural and emerging health challenges, as well as some examples of SDC-related responses.



@ FDFA, SDC, 2010.

◀ A child gets his broken leg fixed during the 2010 earthquake in Haiti. The Swiss Humanitarian Aid plays an essential role in health emergencies.

2. RATIONALE

International cooperation in health in the interest of Switzerland

Global challenges such as promoting and protecting health call for coordinated action across national borders and sectors. Swiss international cooperation in health contributes to the alleviation of poverty in the world (Art. 54 of the Federal Constitution of the Swiss Confederation). In doing so, it contributes to the *2030 Agenda for Sustainable Development*. Meeting those objectives is also in Switzerland's interests. In the event of transboundary health threats like COVID-19, improving health worldwide is crucial to protect Switzerland's own population.

Health is an essential prerequisite for economic and social development. Investing in health contributes to sustainable development and economic prosperity, social justice, stability and peace. Health is therefore a good entry point to foster cross-collaboration in international cooperation and to address all SDGs. It also offers great opportunities for close collaboration with the private sector and for making better use of new technologies.

Health is a priority theme of *Switzerland's International Cooperation Strategy 2021–24*, with specific interventions at the bilateral, global, and humanitarian levels. The SDC's engagement in health also reflects the six areas of work of the *Swiss Health Foreign Policy 2019–24*¹.

Switzerland's comparative advantage

From the big pharma to academic and research institutions, including NGOs, international health organisations and Product Development Partnerships, there is a broad variety of Swiss-based actors involved in international cooperation in health. The SDC's engagement builds on Switzerland's interests in terms of a world-leading clinical and public health science hub and research-based pharmaceutical and biotech companies.

¹ The *Swiss Health Foreign Policy 2019–24* defines six priority areas relevant to low- and middle-income countries: 1) Health security and humanitarian crisis, 2) Access to medicines, 3) Sustainable health care and digitalisation, 4) Determinants of health, 5) Governance in global health, 6) Addiction policy.

Health and other SDGs

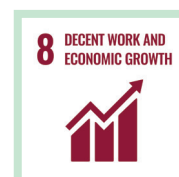
► for more details refer to Annex 5



Good health is vital to ensure children and adults attend school and learn. Improving health literacy is key to prevent diseases, improve health-seeking behavior, and to create an enabling environment for healthy living.



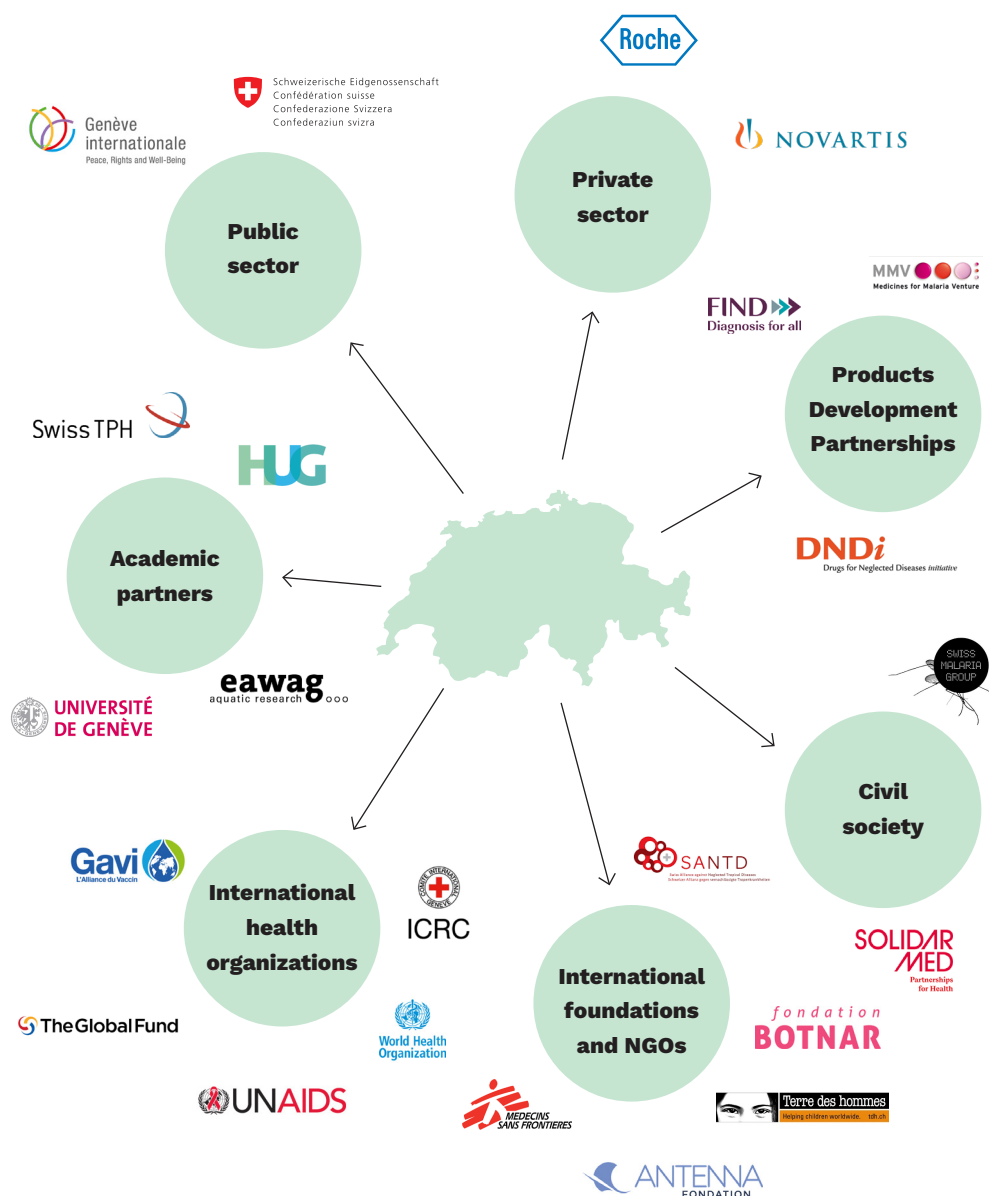
Poor drinking-water quality, inadequate sanitation and poor hygiene practices remain a critical cause of disease. Innovative solutions to improve access to safe water supply and sanitation solutions are therefore crucial.



Healthy populations live longer, are more productive, and save greater resources. Full and productive employment may provide opportunities for employer-supported health coverage, clinics, or awareness campaigns. Steady family income helps facilitate access to health services.



Climate change considerably affects the social and environmental determinants of health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.



Thanks to its diverse range of know-how, products and services, Switzerland has much to offer in addressing major health challenges using a sustainable and cost-effective approach. Switzerland is distinguished by its humanitarian tradition and is a host country to the major health organisations in Geneva. This significantly leverages its international influence.

Switzerland and its international cooperation are recognised for their neutral and impartial nature, long-term results-oriented and responsive approach, and competent context-sensitive support.

In terms of the SDC's comparative advantage in health, two external analyses (2018) revealed that

- The SDC often has a pioneering role, shows long-term commitment and leads action both at bilateral, regional, and global level in strengthening health systems and advancing Universal Health Coverage (UHC), with a focus on under-funded areas such as health financing, health information systems, non-communicable diseases, and pandemic preparedness and response.
- The SDC's investment in areas which are not or not sufficiently addressed by other stakeholders (non-communicable diseases, determinants of health, neglected tropical diseases, private sector development) is a major comparative advantage.
- The SDC has a strong positioning in specific regions (Eastern Europe, Central Asia and Sub-Saharan Africa).

The Effectiveness Report covering the period 2000-13 stated that the SDC's health interventions were relevant, effective, and contributed to sustainable change. The SDC is using its technical and country context expertise, as well as its first-rate reputation, effectively to leverage its influence within multilateral organisations involved in health. In this way, greater coherence between bilateral and multilateral/global interventions can be achieved. The SDC should also make better use of Swiss-based expertise, mainly in terms of scientific and public health partners. Finally, greater attention to health in fragile contexts and synergies with the SDC's humanitarian interventions should be explored.

Switzerland as a hub for global health

This graphic gives an overview on selected Swiss actors active in Health.

▼ In Puntland, Somalia, 45'000 pregnant women were able to give birth in a health facility with the assistance of a skilled birth attendant between 2017 and 2021, as part of a SDC-funded Community health project.



3. SDC FOCUS IN INTERNATIONAL COOPERATION IN HEALTH UNTIL 2030

Over the last two decades, **substantial progress** has been made in improving the health status of many population groups and increasing the performance of health systems in low- and middle-income countries. The global average life expectancy increased by 5.5 years between 2000 and 2016, the fastest increase since the 1960s. The greatest progress is in Africa, where life expectancy increased by 10.3 years to 61.2 years, driven mainly by improvements in child survival and expanded access to antiretrovirals for HIV treatment.

However, major health **inequities** remain as the specific needs of vulnerable populations are not being sufficiently taken into account. At least 400 million people have no basic healthcare. More than 1.6 billion people live in fragile settings where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health. Every 2 seconds, someone aged 30 to 70 years dies prematurely from non-communicable diseases (cardiovascular and chronic respiratory diseases, diabetes, cancer). Finally, 7 million people die every year from exposure to fine particles in polluted air.

The intensification of international travel, trade and livestock transactions and movements, as well as increasing human population density due to demographic developments and rapid urbanisation processes, multiply the **risk of pandemics**. Hence, both high-income and low- and middle-income countries are not sufficiently prepared to respond to pandemics. Overall, investments in strengthening health systems are essential in order to address the latter.

► **In Kayin State, Myanmar, a SDC-funded Primary Health Care project has successfully established 445 inclusive and gender diverse Village Health Committees. The project improves the health access of vulnerable people in four conflict-affected townships by strengthening the ethnic health system.**

The COVID-19 pandemic threatens the achievement of the SDGs and development progress. COVID-19 is a global crisis which requires a global and cross-border response, thus making international and multilateral cooperation more important than ever.

In order to contribute to the SDG 3 (Increased health and well-being for all at all ages), the SDC identifies **two focus areas of work**: **1. Advancing Universal Health Coverage**; **2. Addressing the Determinants of Health**. These two focus areas are described on the next pages. For more details on the Theory of Change, please refer to annex 2.



© FDFA, SDC, 2019.

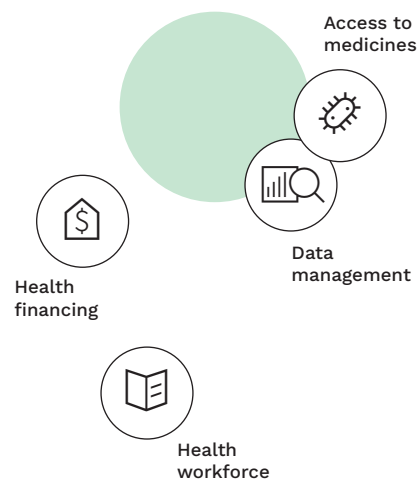
Universal Health Coverage (UHC) means that all people obtain the quality health services they need without suffering financial hardship when paying for them. It includes the full spectrum of essential health services, from emergency care to health promotion, prevention, treatment, rehabilitation, and palliative care.

Official definition by the
World Health Organization (WHO)

In resource-limited environments, as well as in emergencies and humanitarian crises, health systems cannot always guarantee timely basic care, referral, life-saving interventions, safe procedures, and continuity of care for chronic diseases.

The cost of delivering health services poses a challenge to achieving UHC: public funding and social health protection schemes, including health insurance, are not sufficient. The majority of people still pay out-of-pocket, putting them at risk of suffering financial hardship. Moreover, the relatively high prices of new medical products and health technologies place increasing pressure on the ability of health systems to provide access to essential health services for all. Problems of shortages and stock-outs of essential medicines are persisting. Antimicrobial resistance and opioid misuse highlight the need to improve access to and the appropriate use of medicines.

The COVID-19 crisis has showed that both high-income and low- and middle-income countries are not sufficiently prepared to respond to pandemics while maintaining essential health services for other health conditions. It has also highlighted the chronic shortage and inadequate distribution of skilled health professionals.

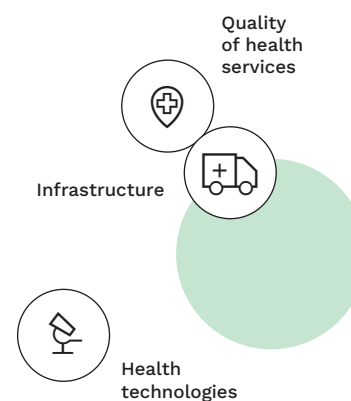


FOCUS 1

Advancing Universal Health Coverage: Health Services for All

Contributing to strengthen health systems to improve access to quality, equitable, effective, efficient and affordable health services for all, at all ages.

The SDC supports interventions aimed at improving the quality of care and equitable access for all to essential health services and products. It contributes to strengthening the whole range of functions of a quality and resilient health system, including for better preventing and responding to health shocks.



Specific interventions:

- ▶ Fostering political commitment to UHC at global and country level, promoting strengthened governance for health, including in emergencies and humanitarian settings.
- ▶ Strengthening health systems' capacities to better respond to public health challenges, particularly highly infectious diseases (epidemic and pandemic preparedness and response), non-communicable diseases, maternal and child health, sexual and reproductive health and rights.
- ▶ Using the potential of health technologies and digitalisation for strengthening health systems.
- ▶ Increasing domestic resources for health and their efficient allocation and use.
- ▶ In emergency situations, interventions targeting mother and child health and sexual and gender-based violence remain key priorities.
- ▶ Ensuring continuum of care in disruptive environments and humanitarian settings; building community resilience and recovery.
- ▶ Improving access to quality, safe, and affordable medical products and technologies, including through investing in research & development and fostering innovation.

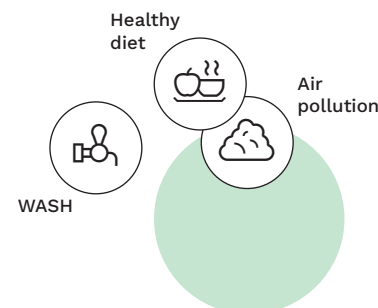
The Social Determinants of Health (SDH) are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Official definition by
the World Health Organization (WHO)

The neighbourhood where people live, their income and educational level significantly influence their health status, resulting in inequities within and across societies. Global and transboundary risks, such as air and water pollution, increasingly affect our health, and so does exposure to violence, political and economic instability.

The value of cross-sectorial interventions to achieve the SDGs is widely recognised. There is growing evidence of the effectiveness of interventions that tackle non-health sectors with important co-benefits for population health. Individual behaviour has an impact on health, but individuals' possibilities to control many of the social, economic, and environmental determinants of health are limited, particularly in low-income countries.

For example, changing environmental risks such as increasing air, water and soil pollution are driving the epidemiological shift. Unhealthy diets and sedentary behaviours have become the number one risk factor globally for excess weight, obesity and related non-communicable diseases such as diabetes or cardio-vascular diseases. Pandemics such as COVID-19 require much more than a healthcare response. Education and health literacy are key determinants of health as they enable people to develop the skills and confidence to make informed decisions about their health.

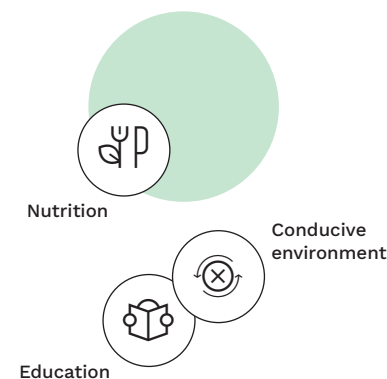


FOCUS 2

Addressing the Determinants of Health:
Healthy living conditions for all

Ensuring healthy living conditions for all to keep people healthy, to prevent illness and suffering as a result of disability and premature death.

The SDC fosters cross-thematic work and engagement with other sectors and stakeholders that are game changers in addressing the root causes of ill-health (e.g. education, air pollution, nutrition, water and sanitation, employment).



Specific interventions:

- ▶ Fostering political commitment, social and civic engagement for conducive living environments for health.
- ▶ Fostering commitment towards health policies in other sectors, such as climate change (air pollution), nutrition and healthy diets, WASH (hygiene and sanitation), education and social inclusion (gender, Leave No One Behind).
- ▶ Supporting interventions at the interface of human, animal health and health of environment ("One Health" approach) for strengthening pandemic preparedness and response.
- ▶ Supporting health promotion and disease prevention programs, and addressing related policies and regulatory frameworks; improving health literacy among the population.



@ FDFA, SDC/Praz Olivier, 2017.

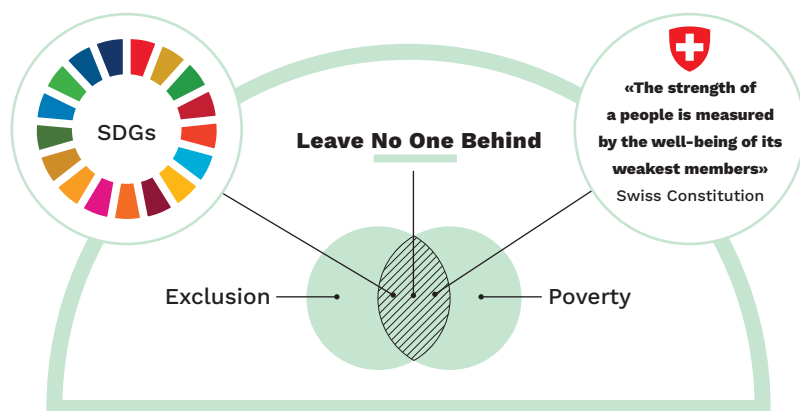
◀ Street football is the second most popular sport after baseball in Cuba. Socializing around sport contributes to physical and mental health.

4. GUIDING MODALITIES

Health Equity and Leave No One Behind (LNOB) at the centre of the SDC's approach

SDC health programmes and initiatives pay particular attention to vulnerable populations, including women and girls, youth, displaced population and refugees, ethnic and religious minorities, people living with HIV/AIDS. Their vulnerability is increased by economic and social factors such as income, insurance coverage (or lack thereof), housing, and inadequate education. In each context, the SDC applies the *do no harm principle* and conflict-sensitive programming, making sure that interventions do not create or exacerbate potential conflicts. The SDC has developed a thematic working aid applying the LNOB principle in health¹.

Digitalisation provides opportunities to accelerate progress in improving health and well-being. The SDC has been supporting various digital health programmes and will continue to do so. However, equitable access to and correct use of technologies remain a challenge. There is a need to further build strategic alliances with the research community and support the development and implementation of innovative digital solutions for pandemic surveillance and monitoring, adequate diagnostics and protocols, and social health protection schemes. Overcoming the fragmentation of stand-alone digital solutions for health and supporting their scaling up to strengthening health systems and bridging the digital divide, is at the core of the SDC's approach to unlocking the potential of digitalisation to achieve Universal Health Coverage.



ANNEXES

ANNEX 1 WHAT WE HAVE LEARNT: CHANGING CONTEXT, HEALTH CHALLENGES AND THE SDC RESPONSE

Over the past 20 years, the SDC has engaged in several health programmes at the global and country levels. Humanitarian health interventions also represent an essential aspect of the SDC response to public health challenges.

Results at country level have been documented, and best practices identified and used to elaborate recommendations that have influenced the design of larger international programmes, as well as global policy agendas.

Substantial progress has been made in improving the health status of many population groups and increasing the performance of health systems in low- and middle-income countries: child and maternal mortality rates are decreasing and the average life expectancy is increasing.

Global average life expectancy increased by 5.5 years between 2000 and 2016, the fastest increase since the 1960s. The greatest progress is in Africa, where life expectancy increased by 10.3 years to 61.2 years, driven mainly by improvements in child survival and expanded access to antiretrovirals for HIV treatment. The global under-five mortality rate declined by 59%, from 93 deaths per 1,000 live births in 1990 to 39 in 2018. Global malaria death rates have dropped by 60% since 2000:

in 2018, there were 228 million cases and 405,000 deaths from malaria, against 840,000 at the beginning of this century. *Source: WHO*

However, major health inequities remain as the specific needs of vulnerable populations are not being sufficiently taken into account.

- At least 400 million people have no basic healthcare and 40% of them lack social protection.
- More than 1.6 billion people live in fragile settings where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health.
- Every 2 seconds, someone aged 30 to 70 years dies prematurely from non-communicable diseases – cardiovascular diseases, chronic respiratory diseases, diabetes or cancer.
- 7 million people die every year from exposure to fine particles in polluted air.
- More than one of every three women have experienced either physical or sexual violence at some point in their life, resulting in both short- and long-term consequences for their physical, mental, and sexual and reproductive health. *Source: WHO, The Global Fund, UNDP*

COVID-19

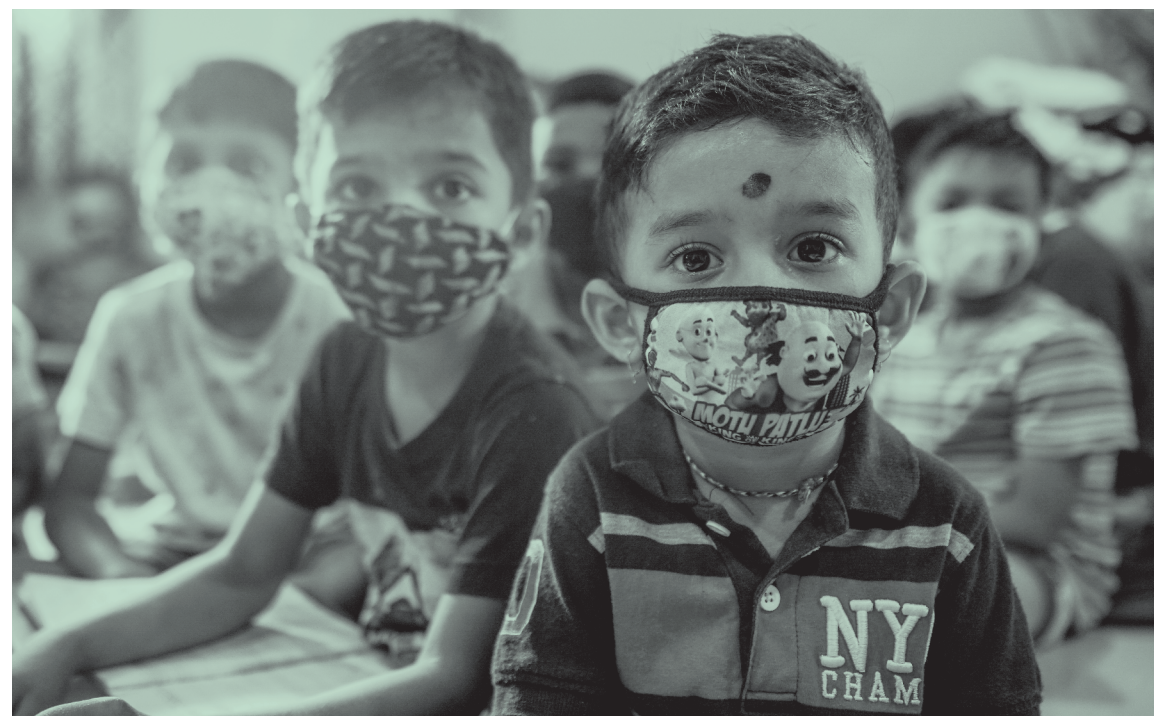
The intensification of international travel, trade and livestock transactions and movements, as well as increasing human population density due to demographic developments and rapid urbanisation processes, multiply the risk of pandemics. Hence, both high-income and low- and middle-income countries are not sufficiently prepared to respond to pandemics. Overall, investments in strengthening health systems are essential in order to address the latter. The unprecedented COVID-19 pandemic threatens the achievement of the SDGs and development progress. COVID-19 is a global crisis which requires a global and cross-border response, thus making international and multilateral cooperation more important than ever.

© GAVI, the Vaccine Alliance, 2021.

Access to COVID-19 Tools

Accelerator (ACT-A): an unprecedented global mobilisation

In the first quarter of 2020, international health organisations and funds, the private sector, including philanthropic foundations, and governments set up a new global initiative: the Access to COVID-19 Tools Accelerator (ACT-A). Based on the idea of pooling funding, competencies and know-how, the ACT-A fosters research and development and equitable access to new medical products to fight the pandemic. The SDC quickly responded with substantial humanitarian, bilateral and global support across the four pillars of the ACT-A: Diagnostics, Therapeutics, Vaccines and Health System Strengthening.



Communicable diseases

Communicable diseases such as HIV, tuberculosis, malaria, cholera, neglected tropical diseases and viral hepatitis cause more than 4 million deaths each year. These diseases, which mainly affect the Global South, will remain a priority for the SDC.

Fight against malaria: a mix of approaches from disease-specific interventions to global action

Tanzania has made massive progress in malaria control over the past two decades. The SDC has invested in research, innovation and development of vector control strategies such as the distribution of insecticide-treated bed nets for pregnant women and children under 5 years. Thanks to long-term technical assistance provided by the Swiss Tropical and Public Health Institute (Swiss TPH), the National Malaria Control Programme has been able to mobilise massive funding from the Global Fund and provide free malaria treatment. Engaged in policy dialogue within the country and at the Global Fund Board, the SDC ensures the coherence of global decisions with field reality. Moreover, based on its long-standing country experience, the SDC contributes Swiss expertise and know-how at the global level, which have a direct impact on global malaria policies. The SDC and the Swiss TPH support WHO working groups on malaria elimination, generate scientific evidence to inform global malaria strategy and help translate them into country-specific action.

▼ From 2002 to 2016, approximately 70 million of insecticide-treated bed nets were distributed to pregnant women and children under 5 in Tanzania.

@Swiss TPH/Kramer Karen, 2015.



Water, Sanitation, Hygiene and Health (WASH+)

The majority of the poorest people in the world will be living in fragile and conflict-affected settings (FCAS) by 2030. FCAS have regional (beyond bilateral influence) destabilising potential and are a particularly weak link in situations of disease spread, due to weak surveillance, unreliable patient data, almost non-existent testing and treatment ability. The SDC has long-standing experience in FCAS, primarily focusing on ad hoc humanitarian assistance. Achieving the 2030 Agenda and the SDGs involves increasing attention to the health situation in these contexts.

Cholera initiative

Water, Sanitation, Hygiene and Health (WASH+) is one of the four priority themes of the SDC's Humanitarian Aid (SDC/HA), as defined in *Switzerland's International Cooperation Strategy for 2021–24*. Following the cholera outbreak in Haiti in 2010, the Global Task Force on Cholera Control was reinstated by WHO with the support of a large network of partners. Switzerland supports its operational arm, the Country Support Platform, which focuses on the elimination of cholera at national level by 2030.

The Swiss contribution includes ❶ the secondment of a Water, Sanitation and Health expert to WHO as an in-kind contribution; ❷ the provision of technical expertise in sanitation and epidemiological surveillance; ❸ the funding of research and advocacy activities covering 46 countries; ❹ contributions to health or WASH programmes in selected countries where the SDC has long-term development and cooperation programmes.

Investing in cholera elimination helps strengthen affected countries' resilience to other communicable diseases through improved infection prevention and control systems and practices, early detection of communicable diseases and addressing some of the underlying environmental (e.g. water, sanitation and hygiene) problems that make people vulnerable to diseases.

© WHO/Acland, 2019.



Health systems governance

Structural inefficiency of health systems is an important and persistent challenge in most low- and middle-income countries. Governments often underinvest or do not invest adequately in health and over-rely on external resources or on point-of-service payments by patients. Effective governance and management systems are often lacking, thus rendering the efficient allocation and spending of scarce resources difficult. Insufficient infrastructure, equipment and technologies, and a global shortage in the health workforce, are clear signs of a general underinvestment or inadequate allocation of resources in healthcare. This results in a low coverage of quality health services and poor health outcomes. Missing social protection mechanisms that prevent high out-of-pocket payments for healthcare are contributing to an increasing inequity in access to quality health services.

Mozambique: decentralisation and public finance management in health

An important accomplishment in the health sector is an increase in institutional birth rates in Cabo Delgado province from 66% to 76% between 2010 and 2020, also thanks to Swiss support for better public finance management in the health system. The availability of 15 essential medicines in Cabo Delgado increased from 52% to 60%, but missed the ambitious 90% target due to challenges with the medicine logistics system.



Cabo Delgado. Mozambique, @ FDFA, SDC/Hauser Cyrille, 2021.

Since 2019, Switzerland, in close collaboration with the provincial government of Cabo Delgado, has supported direct financing to health facilities, with the aim of improving health and WASH conditions according to their own priorities. The use of national country systems (for planning, procurement and financial mechanisms) strengthens the capacity of decentralised authorities and avoids creating parallel mechanisms. Moreover, this direct support increases ownership, citizen participation, transparency and efficiency, thus improving governance in the health sector.

Non-communicable diseases

The high burden of poverty-related diseases such as communicable diseases, perinatal and maternal conditions and diseases based on nutritional deficiencies are persisting in low- and middle-income countries. In addition, the prevalence of non-communicable diseases is also increasing. Globally, non-communicable diseases (cardiovascular diseases, diabetes, cancer and chronic pulmonary diseases) are the most frequent cause of death. 80% of non-communicable diseases related mortality now occurs in low- and middle-income countries. As SDC has focused on communicable diseases in the past 20 years, considering non-communicable diseases in its response has become an imperative.

Non-communicable diseases: from pioneer investment in Eastern Europe to global engagement

Over the past decades, the SDC's health response in Eastern Europe has integrated non-communicable diseases programmes, while in sub-Saharan Africa and in humanitarian settings, it is gaining momentum, particularly in nutrition and mental health. Mental health programmes are being implemented in Ukraine, Moldova, and Bosnia Herzegovina and more recently, in Burundi and in the Occupied Palestinian Territories. At the global level, the SDC has played an instrumental role in feeding global normative work on non-communicable diseases (including at WHO level) with evidence from bilateral programmes and in building a strong case for investing in addressing non-communicable diseases from a donor perspective.



Moldova: Prevention of cervical cancer programme 2016–2020, @ FDFA, SDC, 2018.



© GAIN Alliance, Food market in Myanmar, 2015.

Determinants of health

The health status of individuals is influenced by a variety of socio-economic factors, commonly named the determinants of health. These include income and social status, gender, education, physical environment (i.e. safe housing and workplace, access to clean water and air, improved sanitation), and nutrition. Not only are these determinants overlooked in global policies, but they are also increasing in number and intensity. Increased pollution, climate change and social tensions result in inequities and eventually in instability and conflicts.

Making markets work for nutrition

Nutrition is a critical part of health and development. People with adequate nutrition are more productive and can create opportunities to gradually break the cycles of poverty and hunger.

With the support of the SDC and several other institutions, donors and foundations, the Global Alliance for Improved Nutrition (GAIN) is looking at market-based solutions in the food system with the objective of improving nutrition outcomes for the poor in low- and middle-income countries. GAIN works at several levels; it develops approaches to understand how we can drive more demand for nutritious foods in a market setting (building the demand). It also creates national accountability mechanisms to support businesses in understanding their effect on nutritious food systems and identifying actions to improve diets (business accountability). GAIN started activities in 2018 in Kenya, Tanzania, Nigeria, Bangladesh, Pakistan and India. More countries are expected to join in the coming years.

Adapting to changing global health architecture and cooperation modalities

In terms of actors and aid modalities, the landscape is rapidly evolving. Even though international health policies and approaches are decided mainly at the global level, they have a direct impact on the work at country level.

Addressing health is progressively shifting from vertical, disease-specific interventions to a focus on health systems. International cooperation in health has an important role to play at the country level in order to coordinate national, bilateral and multilateral interventions. There is a need for greater coherence between multilateral and bilateral approaches in the sector.

Global health approaches: from disease-specific interventions to health system strengthening

In the early 2000s, the creation of global funds and initiatives such as Gavi, the Vaccine Alliance and the Global Fund dramatically modified global health development policies by prioritising disease-specific approaches, also known as 'vertical approaches'. Channelling global funding to targeted and disease-specific interventions has shown significant results on the prevalence and morbidity of endemic communicable diseases.

Nevertheless, vertical interventions have shown limitations, mainly due to their lack of focus on the quality of health systems that are supposed to underpin basic health service delivery: without strong and resilient health systems, including infrastructure, qualified and motivated health personnel, sound funding and data management, access and availability of medicines, the sustainability of disease-specific investments are at risk.

By constantly feeding strategic board discussions with experiences from its country-based work, the SDC has contributed to maintaining a 'reality check' and to shaping a global understanding of the importance of health system strengthening. As a consequence, the Global Fund Board launched an health system strengthening funding window in 2010 and made it a strategic objective of its 2017-22 Strategy. Today, the GIZ BACKUP initiative funded by the SDC and the German Cooperation (BMZ) supports governments and civil society organisations in strategically using grants from global financing mechanisms for strengthening their national health systems.

► A health care worker wears personal protective equipment (PPE) in Madagascar. The COVID-19 pandemic has strained the country's health system, including its ability to fight other diseases such as HIV, TB and malaria.



© World Bank/Henitsoa Rafalia, 2021.



@ DNDI/Vahed Xavier, 2019.

Research & development and access to health technologies

The global health architecture has undergone fundamental changes in recent years. Global health has got more political attention by being a regular topic on the G7 and G20 agendas, focusing in particular on health security and the response to outbreaks and epidemics such as H1N1, Ebola Virus Disease, and COVID-19. The number and type of actors working in international cooperation in health and disaster relief are on the rise. New actors include the private sector, philanthropic foundations, emerging bilateral donors and civil society groups which act and sometimes advocate for a specific cause. As a consequence, greater fragmentation in approaches and methods occurs. International cooperation in health has a role to play in making sure that local health needs prevail in project funding decisions. Being actively engaged in local policy dialogue is therefore of prime importance.

Engagement with the private sector and philanthropic organisations: R&D and access to medicine for neglected tropical diseases

Neglected Tropical Disease (NTDs) such as leishmaniasis, Chagas disease, or sleeping sickness affect 1.6 billion people worldwide, mainly in poor settings in Africa, Latin America and South Asia. Drug developers have little incentive to undertake costly research to develop drugs for NTDs because market returns are zero or very uncertain. In the early 2000s, Switzerland, together with other bilateral donors, supported the launch of various public-private Product Development Partnerships for R&D and access to new drugs for neglected diseases. Some of them are based in Geneva and focus on specific diseases or products. Since then, new drugs have been developed and distributed. By 2019, one billion people over 130 countries were reached with treatment for at least one NTD. Industry partners have donated USD 17 billion worth of NTD medicine, making it one of the most cost-effective programmes in public health.

◀ A mother and her child wait for their HIV medicines at the Family Infectious Diseases Clinical Research Unit at Tygerberg Children's Hospital, Stellenbosch University in Cape Town.

ANNEX 2 THEORY OF CHANGE

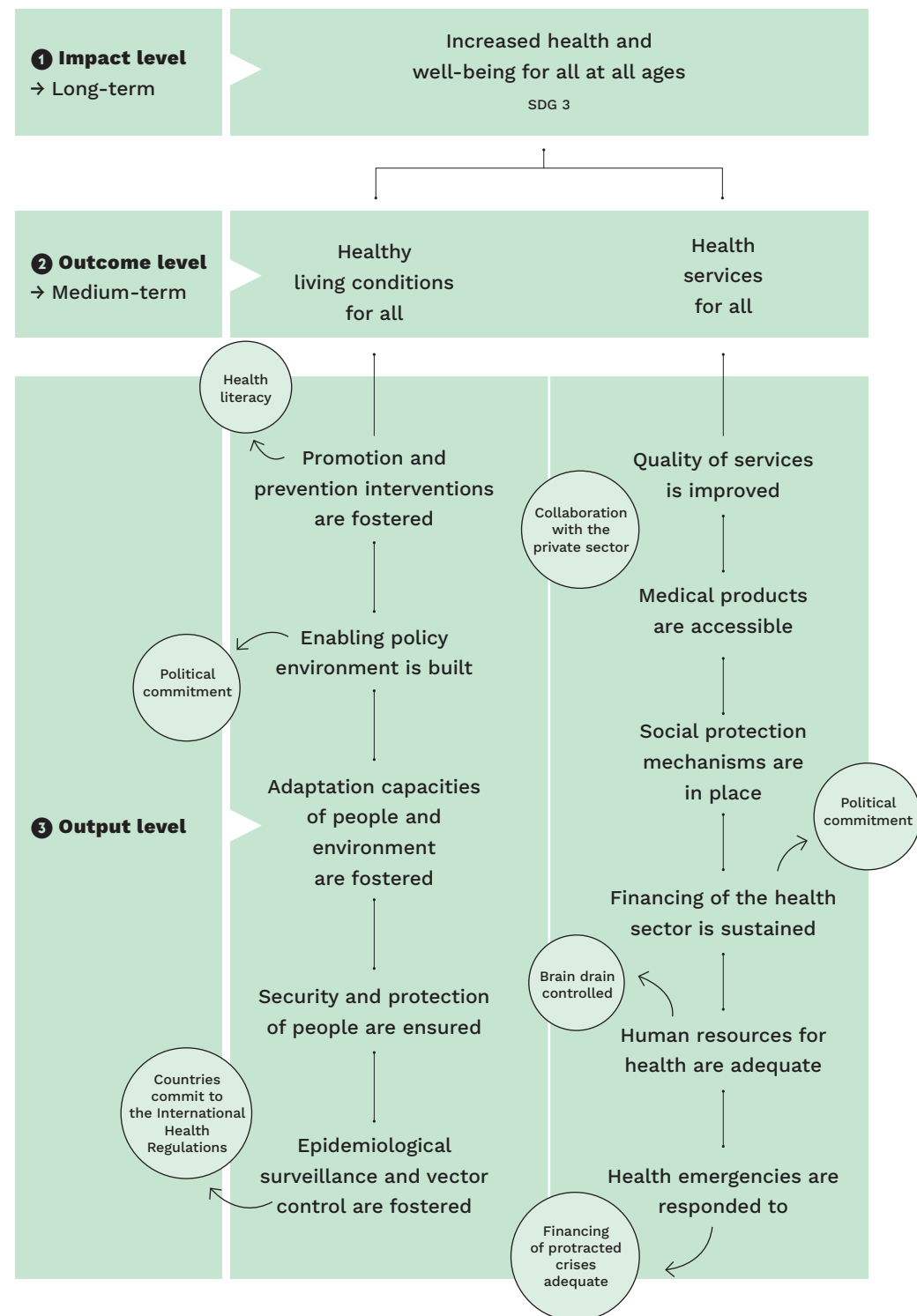
1 Impact level

If the SDC facilitates equitable access to quality health services, and if men and women are aware about their health, then health and well-being for all at all ages will be achieved, because men and women have changed their behaviour through the promotion of healthy living conditions and affordable and adequate healthcare and services.

▼ A young mother attending a post-natal visit at St Francis Hospital in Ifakara, Tanzania. Improving access to quality health services and care in remote areas contributes to increased health and well-being for all (SDG 3).



@ FDFA, SDC/Praz Olivier, 2013.



2 examples

② Outcome level

► If socio-economic, cultural and political factors influencing people's health (the determinants of health) are addressed, **then** health-related inequities within and across societies are considerably reduced, **because** the environment in which people live, their income and educational level significantly influence their health status.

► If Universal Health Coverage is achieved, **then** needs-based health services will be available to all, **because** the quality of and access to health services and products, sustained health financing mechanisms at global, national and household level, are ensured.

③ Output level

► **When** people benefit from a comprehensive financial and social protection mechanism, they can afford the health services needed (including health promotion and disease prevention) at the right time and thus recover faster to a good standard of health, without falling into poverty due to catastrophic health expenditure.

► **By** providing timely responses and flexible humanitarian assistance for vulnerable internally displaced people, refugees, returnees and/or host populations, using a long-term, integrated approach, morbidity and mortality among emergency-affected people is reduced, while sustainable local health systems are fostered.

▼ Life-course approach based on human rights, strives towards equity and inclusion, promoting good governance and makes use of technological transitions

SDG 3

Health and Wellbeing for all at all ages
And other SDGs

FOCUS 1

Advancing Universal Health Coverage

Health services for all

- Quality of care
- Access to medical products
- Social and financial protection
- Health financing
- Human resources for health
- Emergency responses
- Health security

FOCUS 2







Addressing Determinants of Health

Healthy living conditions for all

- Prevention and promotion
- Building enabling environments
- Adaptation
- Security and protection

ANNEX 3 HEALTH AND OTHER SUSTAINABLE DEVELOPMENT GOALS (SDGS)

SDG		Connection to health and well-being
 1 NO POVERTY	End poverty in all its forms everywhere	Good health contributes to economic growth and reduces poverty. Poor health reduces people's ability to work and generate income. Innovative access models to support better access to healthcare services and products can help prevent economic hardship among families which need to pay out-of-pocket for health costs.
 2 ZERO HUNGER	End hunger, achieve food security and adequate nutrition, and promote sustainable agriculture	Prevention, including a healthy and well-balanced diet, is crucial to avoiding disease and to maintaining good health. Poverty, hunger, and lack of food security may result in unhealthy food choices and a greater incidence of food-related disease burden.
 4 QUALITY EDUCATION	Provide inclusive and equitable quality education and life-long learning opportunities for all	Good health is vital to ensure children and adults attend school and learn. Improving health literacy is key to preventing diseases, improving health-seeking behaviour, and creating an enabling environment for healthy living.
 5 GENDER EQUALITY	Achieve gender equality and empower all women and girls everywhere	Gender norms, roles and relations highly influence health outcomes. Gender inequality limits access to quality health services and contributes to avoidable morbidity and mortality rates in women and men. Addressing gender inequality improves access to and benefits from health services.
 6 CLEAN WATER AND SANITATION	Ensure availability and sustainable management of water and sanitation for all	Poor drinking water quality, inadequate sanitation and poor hygiene practices remain a critical cause of disease. Innovative solutions to improve access to safe water supply and sanitation solutions are therefore crucial.

 8 DECENT WORK AND ECONOMIC GROWTH	Promote inclusive and sustainable economic growth, full and productive employment, and decent work for all	Healthy populations live longer, are more productive, and save greater resources. Full and productive employment may provide opportunities for employer-supported health coverage, clinics, or awareness campaigns. Steady family income helps facilitate access to health services.
 10 REDUCED INEQUALITIES	Reduce inequality within and among countries	Increasing equity in accessing quality health care is crucial. It can be addressed by establishing sustainable social protection mechanisms and/or formal and informal insurance schemes.
 11 SUSTAINABLE CITIES AND COMMUNITIES	Make cities and human settlements inclusive, safe, resilient, and sustainable	Urban sanitation and air quality help ensure people's health. Enhanced transportation systems facilitate access to health services. Enhanced green and public spaces allow for greater physical activity and prevention of NCDs. Urban environments need to facilitate healthy behaviour for all.
 12 RESPONSIBLE CONSUMPTION AND PRODUCTION	Ensure sustainable consumption and production patterns	Reducing the release of chemicals and their wastes into the environment can help reduce the harmful effects on human health. Strengthening capacities will help countries ensure sustainable production and consumption of health enhancing products appropriate for their populations.
 13 CLIMATE ACTION	Take urgent action to combat climate change and its impact	Climate change considerably affects the social and environmental determinants of health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.
 16 PEACE, JUSTICE AND STRONG INSTITUTIONS	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions	Good governance in health is essential for using resources to address needs effectively and being accountable to service users. Peaceful and stable societies with strong public institutions contribute to achieving the health goals and targets necessary to facilitate economic growth and development. Addressing the equity gap in accessing health services contributes to reducing social tensions and to promoting social stability.



IMPRINT

Editor

Federal Department
of Foreign Affairs FDFA
Swiss Agency for Development
and Cooperation SDC
3003 Bern
www.sdc.admin.ch

Contact

Thematic Section Health
E-mail: health@eda.admin.ch
www.sdc.admin.ch

This publication can be downloaded
from the website
www.sdc.admin.ch/publications

Bern, 2022 / © SDC

Design and Graphics

Emphase GmbH, Bern/Lausanne
www.emphase.ch



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC