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**Sweden's  
Development  
Assistance  
for Health  
2019**

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## Introduction

Global health has improved significantly in recent decades. More women are surviving pregnancy and childbirth, and more children are surviving their first five years of life. The incidence of infectious diseases (HIV, tuberculosis and malaria) is falling. Challenges remain, however. The burden of non-infectious diseases is increasing, as are the health threats linked to environmental and climate change, and antimicrobial resistance (AMR). Major inequalities persist. Those lagging behind are primarily poor and vulnerable groups in developing countries and conflict-affected countries with humanitarian challenges. In 2019, Sweden's development assistance for health was characterised by a clear poverty perspective and the 2030 Agenda's 'leave no one behind' principle.

The document 'Sweden's work on global health for implementing the 2030 Agenda' has continued this year to generate considerable engagement from a range of Swedish actors. Interest from students, researchers, government agencies, civil society and private sector means that Sweden can further increase its global impact on various issues.

In September 2019, the General Assembly of the United Nations adopted the Political Declaration on Universal Health Coverage (UHC). The declaration contains the most comprehensive set of health commitments ever adopted at this level. Despite this triumph, adverse developments and polarisation concerning gender equality and sexual and reproductive health and rights (SRHR) have continued in UN contexts.

The Global Fund Sixth Replenishment Conference raised USD 14 billion to end HIV, malaria and tuberculosis. Sweden increased its contribution to the Global Fund by 14 per cent, to SEK 2.85 billion, for the period 2020–2022.

Over the past year, Sweden's efforts have increasingly focused on emerging health problems and threats such as non-communicable diseases (NCDs), including mental illness, and on enhancing synergies between humanitarian assistance and development cooperation in the area of health.

SRHR, child and maternal health, and initiatives to strengthen health systems are clear priorities in development assistance for health, as is access to clean water and sanitation. Many of Sweden's health initiatives focus on broad programmes that cover several of these areas and promote equitable health, which is the principal objective of Swedish development assistance for health.

Sweden's development assistance for health includes bilateral, regional and global support through a wide range of actors, especially multilateral and civil society organisations. This support generally includes a combination of health services support, capacity-building measures and advocacy. Important development and research outcomes are generated through health-related research funding, while humanitarian assistance saves lives. Sweden's partnership and support in the area of health has contributed to important outcomes in 2019. This has been achieved through financial support, but also through dialogue and advocacy.

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## Sweden's development assistance for health in 2019

Sweden's development assistance for health amounted to around SEK 5.2 billion in 2019, accounting for 10.8 per cent of Sweden's total development assistance, excluding deductions for asylum costs. Of this amount, just over SEK 2.8 billion, or 55 per cent, is multilateral core support provided via the Ministry for Foreign Affairs (MFA). The remaining funds, just over SEK 2.3 billion corresponding to 42 per cent, was channelled via Sida's country cooperation, global programmes, regional cooperation and research support. Table 1 presents an overview of Sweden's development assistance for health in 2015–2019.

The proportion of Sweden's development assistance that is invested in health initiatives varies slightly from year to year. A decrease of around SEK 80 million can be noted for 2019, compared with the previous year. As a proportion of total development assistance, development assistance for health declined substantially from the previous year, from 12.4 per cent to 10.8 per cent. In 2016, the proportion was 14.6 per cent.

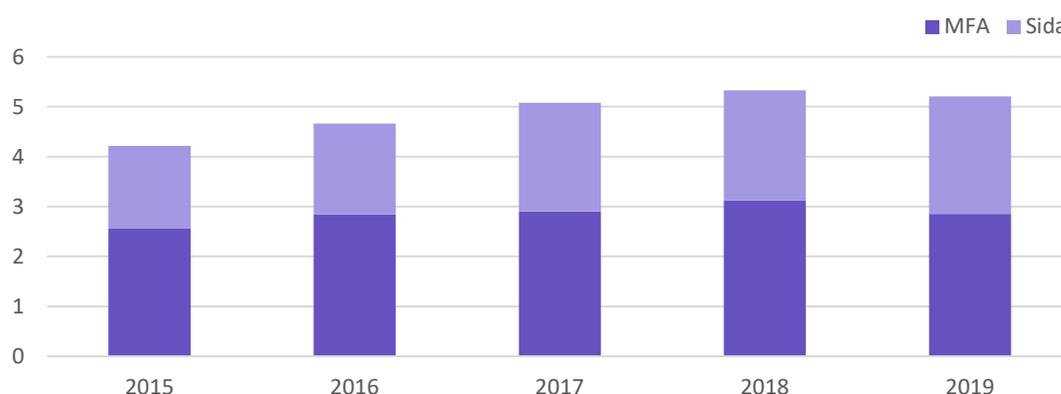
**Table 1. Sweden's development assistance for health 2015–2019**

#: proportion of Sweden's development assistance for health.

	2015		2016		2017		2018		2019	
	MSEK	%								
<b>Ministry for Foreign Affairs</b>	2 561	61%	2 841	61%	2 907	57%	3 078	58%	2 851	55%
Multilateral core support	2 561	61%	2 841	61%	2 892	57%	3 074	58%	2 816	54%
Other					15	1%	4		35	
<b>Sida</b>	1 658	39%	1 825	39%	2 174	43%	2 209	42%	2 357	45%
Country cooperation	649	15%	775	17%	1014	20%	1066	20%	1222	23%
Global programmes	751	18%	719	15%	779	15%	685	13%	674	13%
Regional cooperation	258	6%	331	7%	381	7%	457	9%	461	9%
<b>Total development assistance for health</b>	<b>4 219</b>	<b>100%</b>	<b>4 666</b>	<b>100%</b>	<b>5 081</b>	<b>100%</b>	<b>5 287</b>	<b>100%</b>	<b>5 208</b>	<b>100%</b>
Total development assistance (all categories)	32 213		31 971		36 707		42 649		48 105	
<b>Proportion development assistance for health</b>	<b>13,1%</b>		<b>14,6%</b>		<b>13,8%</b>		<b>12,4%</b>		<b>10,8%</b>	

MFA: various data collection methods and samples were used, so the figures are not directly comparable between years.

**Figure 1. Sweden's development assistance for health 2015–2019: allocation between the MFA and Sida (million SEK)**



In efforts to support improved global health, it is important not to focus solely on the considerable financial support that Sweden contributes. Sweden is also a strong voice in the international development community, and hence contributing to its objectives through dialogue and advocacy on governing boards and in international forums.

Sida continued to prioritise safe abortions as a specific issue in its dialogues with partner organisations and other donors. At country and regional level, Sweden conducted a constructive dialogue with

partner countries, civil society organisations and other donors on priority issues for Swedish development assistance for health.

Improving global health is a long-term undertaking and the results must be viewed over time. Sweden’s development cooperation is based on supporting partner countries’ own efforts, and outcomes are achieved jointly with several other actors. Many of the outcomes reported in 2019 arise from previous years’ activities and, similarly, the outcomes from support provided in 2019 will only be seen in coming years. This is the case for both financial support and advocacy.

### Sweden’s priorities

Sweden’s priorities are based on the policy framework for Swedish development cooperation in which the overarching objective for health is to contribute to more **equitable health** through Sweden:

- contributing to effective **national health systems and institutions** that deliver injury and disease prevention interventions and good-quality, integrated and equitable health care for all;
- taking particular account of the **gender equality perspective** in light of existing gender differences in health and access to health care. The human rights of women, girls and young people are central. **Child and maternal care** are a priority;
- continuing to defend the universal right to health, with particular focus on **sexual and reproductive health and rights**. The needs and circumstances of young people will be highlighted, as will respect for LGBTI rights.
- having a long-term, rights-based and broad approach in its efforts to combat the spread of **HIV**;
- highlighting the importance to health of access to clean **water, sanitation and hygiene**, as well as sufficient, safe and nutritious food, and sustainable energy;
- ensuring that more attention is paid to **non-communicable diseases** on the international agenda and in national health programmes;
- continuing to demonstrate leadership in action against **antimicrobial resistance** (AMR) and promoting capacity development in accordance with the global action plan on AMR;
- working to strengthen the global capability to detect and manage **health threats** by implementing the International Health Regulations (IHR 2005);
- raising awareness of the **link between health and environmental and climate challenges**, and between health and security in development cooperation, in humanitarian operations and in the interface between them.

For 2019, we have chosen to continue to summarise the contributions Sweden’s development assistance for health has made in three areas:

1. Awareness of and access to sexual and reproductive health and rights (SRHR)
2. Strong national health systems and essential health services
3. Prevention and management of health threats.

### 1. Awareness of and access to sexual and reproductive health and rights (SRHR)

**Table 2. Sweden’s SRHR development assistance 2015–2019**

#: proportion of Sweden’s total development assistance

	2014		2015		2016		2017		2018		2019	
	MSEK	%										
<b>Total SRHR support</b>	2 275	7.5%	2 263	7.2%	2 538	8.2%	2 583	7.0%	2 963	6.9%	2 979	6.2%
MFA	1 274		1 263		1 404		1328		1683		1491	
Sida	1 001		1 000		1 134		1255		1280		1488	

**The challenges to people’s SRHR are considerable in the world’s poorest countries.** Political opposition, lack of financial resources, discrimination against women and girls, and societies that are reluctant to openly address matters linked to sexuality are some of the factors that prevent women, girls, young people and vulnerable groups from having control over their own bodies, sexuality and fertility. More than 200 million women in low- and middle-income countries, who want to protect

themselves against unwanted pregnancy, still lack access to modern contraception. At the same time, most of the world's 25 million unsafe abortions take place in low- and middle-income countries, where legislation and guidelines on abortion are often highly restrictive.

At global level, the SRHR climate has become significantly more restrictive as a result of increasingly socially conservative US foreign policy. Foreign non-governmental organisations receiving US development assistance for health have a major responsibility to ensure that their local partner organisations do not perform abortions, regardless of what their funds are allocated for or which organisations they come from. The Mexico City Policy limits or fragments people's access to sexual and reproductive health services, negatively impacting the effectiveness of development cooperation and women's and girls' rights and health in partner countries. With cohesive Swedish leadership, Sweden pursues and defends international SRHR commitments, including abortion, in UN negotiations and international forums.

Sweden's **SRHR support** covers a broad spectrum of initiatives, including comprehensive sexuality education, greater access to contraception and safe abortion, youth-friendly services, prevention of sexual and gender-based violence, prevention and treatment of HIV, LGBTI health and rights, and efforts to combat child marriage and female genital mutilation. In recent years, Sweden has substantially increased its support for reproductive health, including contraception and safe abortion.

Sweden's support for contraceptive counselling and HIV testing and care has increased both access to and demand for contraception and medical abortion products. Through marketing and product sales, these programmes have together helped 10 million sexually active couples per year in 27 sub-Saharan countries gain access to protection from pregnancy, sexually transmitted diseases and HIV.

Sweden has contributed to achieving global success in reducing the number of AIDS-related deaths. Efforts to increase access to safe and legal abortions has led to some progress in our partner countries.

## **2. Strong national health systems and essential health services**

Good health outcomes require access to functioning and well-funded health systems that can deliver high-quality, needs-based health services.

Advances have been made over the past year regarding improved and equitable access to essential health and medical care, focusing on women, children and young people, boosted by the UN's adoption of the Political Declaration on UHC. The World Health Organization currently estimates that half the world's population lack access to essential health services. For example, Sida's support to maternal and child care resulted in 256 358 women and children in Somalia gaining access to maternity care, micronutrients for pregnant women, and disease prevention and health promotion interventions. In addition, 107 048 children under the age of five gained access to life-saving vaccinations, and severely malnourished children received nutritional supplements.

Support to HelpAge International contributed to highlighting the importance of managing the specific barriers to UHC faced by older women and men.

Virtually all of Sweden's initiatives include support for strengthening countries' health systems and have resulted in more people being able to access good-quality health services. For example, Sweden has contributed to midwifery schools and training, both globally through UNFPA and bilaterally through support to its programmes in Bangladesh, Ethiopia, Sudan, South Sudan and Somalia. Capacity support for fistula treatment was provided to 238 health clinics in 32 countries, and 10 758 fistula operations could be performed.

Regional support in sub-Saharan Africa has strengthened data collection, and the use of evidence-based information and statistics is helping to design more effective and accountable policies and plans in eight countries. Several civil society partners are working to develop social accountability models, for example using a mobile app for young people to report shortcomings in services and the treatment they receive online.

During the funding period 2016–2020, Sweden was the twelfth largest donor to the **Global Alliance for Vaccines and Immunisation** (Gavi). Support from Gavi has resulted in 760 million children being

vaccinated and more than 13 million deaths being prevented since 2000. More than 3.9 million girls have been vaccinated against the human papilloma virus since 2013. In 2018, 66 million children were immunised through support from Gavi. Despite major successes, a number of challenges remain: difficulty in achieving equitable coverage is particularly seen in fragile states with inadequate health systems.

Every year, **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the Global Fund) invests around USD 4 billion in programmes implemented by organisations in countries and communities with the highest burden of these three diseases. At the end of 2019, Sweden was the eighth largest donor. The Global Fund reported that in 2018 it had contributed to 18.9 million people receiving antiretroviral therapy against HIV, 5.3 million people with tuberculosis receiving treatment and 131 million mosquito nets being distributed to protect families from malaria. In 2019, Sweden advocated on the board for increased investment in preventive interventions, improved coordination with other actors and better integration of its activities in national health systems. Through its presence on the Ethics and Governance Committee, Sweden has also advocated for improved efficiency, effectiveness and organisational culture on the board and committees.

Sweden's support to the UN specialised agency for health, **the World Health Organization** (WHO), has contributed overall to Sweden's objective of equitable health. Sweden's priorities in WHO in 2019 included strengthening national health systems, WHO reforms and strengthening WHO emergency preparedness and response. In dialogue with WHO, Sweden has advocated for rights issues, gender equality, and social equality in WHO activities.

In 2019, Sweden was the third largest donor of core support to **UNICEF**, and the total support to UNICEF accounted for around 3 per cent of the organisation's total budget. Among other things, Sweden pushes for UNICEF to meet young people's need for and right to SRHR. In 2019, Sweden's support to UNICEF contributed, for example, to treating acute malnourishment and preventing maternal mortality. UNICEF responded to many health emergencies and outbreaks under some of the most challenging conditions in the world.

### **3. Prevention and management of health threats**

Strong and resilient health systems are essential to promote equitable health and to control and manage global health threats and disasters.

People's survival and health are an important part of humanitarian assistance. Sweden's work on **health and safety in development cooperation and humanitarian operations** in 2019 helped provide continued humanitarian support to people in need in South Sudan, Somalia, Myanmar, the Middle East and other areas. Health initiatives included care of the undernourished, the provision of mobile clinics for health services, child and maternal health care, and surgery for survivors of sexual and gender-based violence.

Other important humanitarian health partners included the International Rescue Council, UNWRA and UNHCR. All strategic humanitarian partners are involved in mental health and psychosocial support initiatives. Much of this work targets women subjected to sexual violence. Several of our partners also work on health in areas such as nutrition, water and sanitation, and income support.

In 2019, the Ministry for Foreign Affairs and the Ministry of Health and Social Affairs contributed to the WHO Contingency Fund for Emergencies (CFE) to rapidly respond to disease outbreaks. The fund contributed to efforts to stop the Ebola outbreak in the Democratic Republic of the Congo (DRC), for example. Through its support to WHO, Sweden also helped build national capacity for implementing **the International Health Regulations**.

Efforts to combat antimicrobial resistance (**AMR**) continue to be an important Swedish priority. During the year, Sweden has pushed for further international AMR research initiatives. Support to the network ReAct has resulted in seven African countries receiving support to develop national action plans (NAPs) on AMR.

## Development assistance for health via the Ministry for Foreign Affairs

Development assistance for health via the Ministry for Foreign Affairs consists primarily of core support to multilateral organisations that goes directly to the organisations' core budgets.

Through its financial support and well-developed positions on important issues, Sweden has worked to influence the priorities of these organisations. Core support affords multilateral organisations predictable and flexible funding.

The Ministry for Foreign Affairs' multilateral development assistance for health 2015–2019 is presented in table 3 below.

**Table 3. Development assistance for health via the Ministry for Foreign Affairs 2015–2019<sup>1</sup>**

	2015	2016	2017	2018	2019
	MSEK	MSEK	MSEK	MSEK	MSEK
<b>MFA's total development assistance for health</b>	<b>2 561</b>	<b>2 841</b>	<b>2 907</b>	<b>3 078</b>	<b>2 851</b>
Multilateral support	2 561	2 841	2 892	3 074	2 816
Global Fund	850	850	800	850	850
UNFPA	485	504	575	739	555
GAVI	350	300	300	350	300
World Bank	241	287	386	209	237
UNICEF	221	430	312	328	585
UNAIDS	200	250	260	314	314
EU COM	114	111	127	136	136
EDF	48	51	57	72	72
WHO	29	26	38	80	71
IFFIm <sup>2</sup>	18	18	18	18	18
UNDP	5	6	6	7	7
UNWomen		8	13	14	121
Other			15	4	35

As a member of the European Union, Sweden has undertaken to contribute financially to the European Development Fund (**EDF**). The European Commission (**EU COM**) also plays an important role in shaping the global health policy agenda as part of broader development cooperation and based on established principles of aid effectiveness. Sweden attaches great importance to negotiations on particularly critical issues. Sweden has been, and remains, a strong advocate of SRHR being prioritised and respected in the EU.

## Development assistance for health via Sida

In 2019, development assistance for health via Sida amounted to more than SEK 2.3 billion, an increase of around SEK 150 million on the previous year. This corresponded to 9 per cent of Sida's total development assistance, which is as much as in 2018.

<sup>1</sup> Multilateral core support: Various data collection methods and samples were used, so the figures are not directly comparable between years.

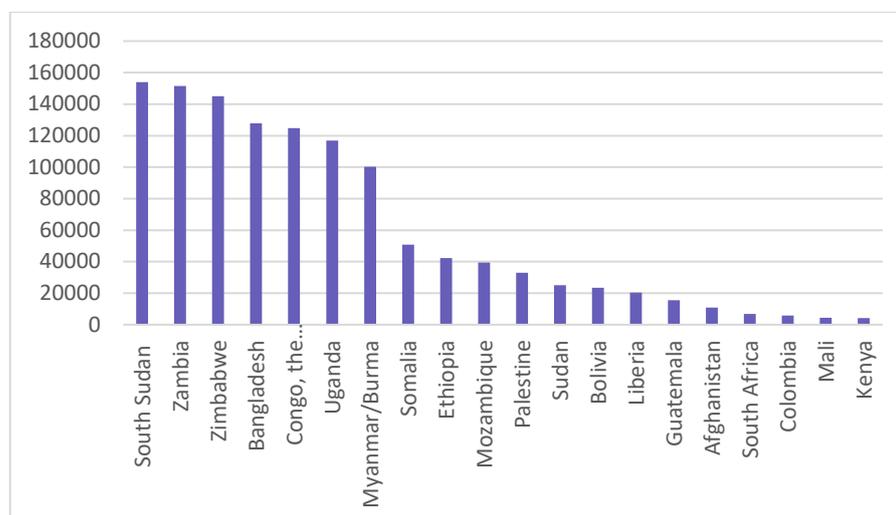
WHO: Indicates the support to WHO from the whole of the Government Offices.

<sup>2</sup> International Finance Facility for Immunisation

Country cooperation (also called bilateral cooperation) makes up around 52 per cent, while global programmes account for around 29 per cent of Sida’s development assistance for health. Regional support accounts for the remaining 19 per cent.

In 2019, Sweden provided ongoing support for health and/or SRHR via Sida in more than 20 countries.

**Table 4. Development assistance for health via Sida 2019 – the largest recipients of bilateral support (MSEK)**



**Table 5. Development assistance for health via Sida 2015–2019, by implementing channel/organisation**

Channel	2015		2016		2017		2018		2019	
	MSEK	%								
Multilateral organisations	855	52%	932	51%	1112	51%	1126	51%	1194	51%
NGOs and civil society	664	40%	725	40%	880	40%	818	37%	906	38%
Public institutions	63	4%	116	6%	104	5%	176	8%	61	3%
Private sector	7	0%	3	0%	1	0%	4	0%	115	5%
Other	70	4%	49	3%	76	3%	85	4%	79	3%
<b>Total</b>	<b>1 659</b>	<b>100%</b>	<b>1 825</b>	<b>100%</b>	<b>2 173</b>	<b>100%</b>	<b>2 209</b>	<b>100%</b>	<b>2 355</b>	<b>100%</b>

A large part of Sida’s development assistance for health has been allocated to fragile states, including conflict and post-conflict countries. This means that the proportion of aid channelled as multi-bi support is relatively large, while support to states/public sector is limited. In 2019, more than 51 per cent of Sida’s development assistance for health was channelled through multilateral organisations such as UNFPA, UNICEF, WHO and the World Bank.

As described above (section 3) **strengthening health systems, SRHR and child and maternal health** are Sweden’s priorities in development assistance for health. Around 60 per cent of Sida’s development assistance for health goes to SRHR.

**Table 6. SRHR development assistance via Sida 2014–2019**

	2014	2015	2016	2017	2018	2019
<b>Sida’s SRHR development assistance</b>						
Proportion SRHR of development assistance for health	61.0%	64.0%	67.0%	58.0%	57.9%	63.0%
Proportion SRHR of total funding	5.5%	6.0%	6.5%	6.0%	5.2%	5.7%

## Research cooperation

Swedish research support contributes to building research capacity, producing and publishing development-related research, and developing and strengthening the links between research and innovation. Support for health research amounted to around SEK 127 million in 2019.

Sida's research support has contributed to the development of low-cost products and pharmaceuticals that save the lives of women giving birth in contexts in which it is difficult to store medicines correctly.

Sweden's support to the Special Programme for Research and Training in Tropical Diseases (TDR) amounted to more than SEK 177 million for the period 2016–2019. TDR is a global initiative that aims to combat infectious diseases of poverty through multidisciplinary research.

