



# SDC Health Policy



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Federal Department of Foreign Affairs FDFA

# List of acronyms

ARI	Acute Respiratory Infection
CCM	Core Contributions Cycle Management
COHRED	Council on Health Research for Development
DNDi	Drugs for Neglected Diseases Initiative
EPFL	Ecole Polytechnique Fédérale Lausanne
ETHZ	Eidgenössische Technische Hochschule Zürich
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HRP	Special Programme of Research, Development and Research Training in Human Reproduction
ICT	Information and Communication Technology
IPPF	International Planned Parenthood Federation
LMIC	Low and Middle Income Countries
MDG	Millennium Development Goals
MMV	Medicines for Malaria Venture
MSF	Médecins sans Frontières
NCD	Non-communicable Disease
P4H	Providing for Health (a social health protection initiative)
PPDP	Public-private development partnership
SDC	Swiss Agency for Development and Cooperation
Swiss TPH	Swiss Tropical and Public Health Institute
TDR	Special Programme for Research and Training in Tropical Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme

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# 1 Introduction

The aim of the SDC Health Policy is to define the orientation of SDC in the area of health and serves as the health sector reference document for SDC, its partner organizations and the wider public. The health policy builds on the experiences and achievements of the previous policy "SDC Health Policy 2003–2010" and is in line with the Parliament's bills regarding development cooperation with the South (Africa, Asia, and Latin America) and the East (Eastern Europe and Central Asia) as well as in humanitarian aid. The policy is consistent with the general framework of the Swiss Health Foreign Policy<sup>1</sup>, formulated by the Federal Department of Foreign Affairs and the Federal Department of Home Affairs.

Health is one of five SDC Global Programme priorities; furthermore, the health portfolio represents an important share of the SDC Poverty Reduction Strategy (currently about 10% of its overall budget). Health is a focus area of work across all SDC departments (East, global and regional cooperation and humanitarian aid), and its multi- and bilateral partnerships.

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<sup>1</sup> On 9 March 2012, the Federal Council approved the new Swiss Health Foreign Policy, which serves as an instrument to set and execute common objectives of federal authorities with regards to health foreign policy. It replaces the 2006 Agreement on Health Foreign Policy Objectives concluded by the Federal Department of Foreign Affairs and the Federal Department of Home Affairs.



# 2 Health in a Global World

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. Health is central for poverty reduction; it is a global public good and a fundamental element of social security, peace and economic stability.

Since the beginning of the 21<sup>st</sup> century, the development of the new concept of "global health" provides a complementary outlook to the earlier concept of "international health". Whereas international health focuses mainly on bilateral relationships between high- and low-income countries as well as on differences in health systems and approaches for disease control; the concept of global health emphasizes the multitude of global relationships required for collective action to address health issues that transcend national borders.

Global health as a concept has the following main characteristics:

- It focuses on the global distribution of the burden of diseases, the multiplicity of determinants and actors required to find and implement solutions.
- It acknowledges the unequal burden as well as the unequal resources and aims to reduce the global health gap.
- It emphasizes the role of governance in mobilizing, allocating and using resources for health.
- It highlights the negative as well as the positive impacts of globalization on health.



# 3 Context

## 3.1 Swiss Context

Health issues have gained increasing importance on the global policy agenda. Switzerland is playing an active role on the global level to promote health as a global public good and a universal human right, as stipulated in many international commitments, of which Switzerland is a signatory state.

As the specialized international development agency of the Swiss Government, the 1976 Federal Law on International Development Cooperation and Humanitarian Aid has conferred SDC the mandate to contribute to global poverty and inequity reduction. The Federal Law of 2006 provides the legal basis for a Swiss engagement to support the transition processes of Eastern European and Central Asian countries.

Based on their various roles and mandates (outlined in the Swiss Health Foreign Policy), the Swiss governmental agencies also play an important role in global health policy agenda setting, formulation and implementation. Switzerland is member of many international and global health organizations and plays a well-acknowledged role within these institutions.

Switzerland hosts an array of key institutions for global health, such as WHO, GAVI, GFATM, ICRC and others, all of which are based in Geneva. In addition, an important share of the Swiss private sector works in the area of health – mainly pharmaceutical and chemical industries, health technologies and nutrition, some of which with substantial corporate social responsibility activities (e.g. Novartis Foundation for Sustainable Development) Switzerland hosts renowned academic institutions that conduct research, teaching and training and provide services in the area of global health (Swiss TPH, ETHZ, EPFL, HUG and several other universities). Many non-governmental organisations such as the Swiss Red Cross, Solidarmed or MSF play a significant role in raising public awareness on relevant global health issues in Switzerland. Most of these Swiss NGOs interact within the Medicus Mundi Switzerland network, which is a member of the Medicus Mundi International Network. The aidsfocus.ch platform brings together Swiss NGOs working in the area of HIV and AIDS; the Swiss Malaria Group brings together the SDC, NGOs, the private sector and academia to raise

awareness on malaria and its impacts among decision makers and the public, and to increase Swiss support for organisations that are actively involved in the fight against malaria.

Switzerland thus plays a strategic role in global health, striving to balance the economic interests of Swiss enterprises with efforts to reduce global health disparities. The Swiss Health Foreign Policy presents the political coherence of health related interventions and defines the common objectives and roles of governmental actors. It sets a governance structure for the planning, monitoring and implementation of technical and political interventions.

## 3.2 Global Health Situation

### Achievements

With the MDGs' strong emphasis on health since the year 2000, the global health agenda has made great strides forward with new and innovative global health initiatives. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and of many other philanthropic organisations, public-private partnerships and global health funds and initiatives have contributed to a huge increase in funding for research, development and service delivery for improved health outcomes in resource-limited settings. The global community's commitment to investing in health has been remarkable, and should be sustained.

In the past decade, 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. Life expectancy has risen, child mortality has been reduced, the number of new HIV infections has been stabilized, and a major drop in AIDS-related mortality has been seen in many high prevalence countries. The burden of malaria has significantly decreased, and in a number of countries maternal mortality rates declined.

These achievements are the result of a combination of factors:

- The availability of efficient prevention and treatment tools (new drugs, new vaccines, insecticide-treated nets, modern equipment, etc.) as well as improved availability of evidence for decision making due to better research and improved health information systems. Based on the aid effectiveness principles, the coordination of all health-sector actors has improved with better alignment with government policies and strategies.
- The substantial increase of funding at the international level through global health and disease-targeted initiatives as well as private foundations and Official Development Assistance (ODA).
- The implementation of substantial reforms such as primary health care reforms, health financing reforms and the investment in health workers and systems.
- Finally, improvement of the social determinants of health especially in the area of livelihoods, nutrition, education and access to water and sanitation.

These factors have led to improvements in the availability and quality of health services in many countries.

## Challenges

The progress in achieving the MDGs and their related public health targets are at serious risk of being sustained. Risks include the rapidly increasing costs for delivering primary health care, weaknesses in health systems, the growing burden of non-communicable diseases, the emergence of new health threats and rising global inequity.

The following public health challenges require special consideration:

- The health status of individuals is influenced by a variety of socio-economic factors, commonly named the **social 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), nutrition. The inequity in distribution of social determinants of health is increasing. Currently, these social determinants of health do not get enough attention from decision makers, as they require intersectoral collaboration between the health sector and others, such as the education and environment sectors.
- **The rising double burden of disease in low and middle income countries (LMICs):** The high burden of poverty related diseases are persisting in LMICs, such as communicable diseases, perinatal and maternal conditions and diseases based on

nutritional deficiencies. In addition, the prevalence of non-communicable diseases (NCDs) is also increasing. Eighty percent of NCD-related mortality now occurs in LMICs. Globally, NCDs are the most frequent cause of death; and the burden is rapidly increasing in Africa, where NCDs are projected to exceed communicable and nutritional diseases, as well as maternal and perinatal mortality, as the most common cause of death by 2030 (WHO 2010).

- **Demographic changes and chronic conditions:** The world's population has more than doubled in the last 50 years and reached a high 7 billion in 2011. Lower mortality rates, longer life expectancy and high fertility rates in many low income countries, have all contributed to the rapid population growth of recent decades. It is foreseen that this trend will persist over the next half of century. According to UNFPA projections, the most important population growth will occur among the poor and urban populations of LMICs. In addition, the world's population above 60 years of age is also growing. In the next 10 years, the number of elderly will surpass 1 billion people; by 2050 this population group will be larger than the under 15 population. The prevalence of chronic diseases and complex combinations of different diseases will continue to increase in LMICs, and will thus heavily challenge the capacity of health systems to deliver adequate services. There will be an increase in vulnerability of the elderly and/or poor population groups if no social protection mechanisms are put in place.
- **Weak and inefficient/ineffective health systems** are an important challenge in most LMICs. Governments often underinvest in health, and over-rely on external resources. 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 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.
- The **global health architecture** has undergone fundamental changes in recent years. The numbers and types of actors working in development aid and disaster relief are on the increase. New actors include philanthropic foundations, the private sector, emerging bilateral donors, such as the BRIC states (Brazil, Russia, India and China), but also civil society groups which lobby for increased civil society participation and greater efficiency of the new global health architecture. The new set

up encourages innovation and the availability of new resources but could also increase fragmentation. The activities of disease-specific funds, in particular, must be better integrated within health systems.

- **Efficiency and effectiveness** of development aid in health needs to further improve. Despite the tremendous influx of resources for attaining the health MDGs, many resource-limited countries continue to struggle to reach the goals set for 2015. More evidence and research is required to further investigate context specific challenges and successes.

### 3.3 Challenges in SDC Partner Regions

In SDC partner countries, health systems and the quality of their services vary in many ways; differences are rooted in their history and current political environment. However, weak health systems have a number of commonalities: insufficient funding of the health sector, low and inefficient management capacities, poor governance, political interference and lack of social accountability, are all contributing to the underperformance of health systems. Other challenges include the lack and inefficient use of funds, poor investments in infrastructure, a lack of modern medical and IT equipment and a shortage in human resources. These challenges are exacerbated by the lack of intersectoral approaches, such as collaboration with Ministries of Finance.

These weak systems are now confronted with a changing disease profile: the double burden of disease i.e., the co-existence of communicable and non-communicable diseases, including mental health problems.

Additionally, injuries and acts of violence are on the rise. The number of men dying as a consequence of injury is high in many countries where SDC is present. The burden of accidents (including homicides) is remarkably high (particularly among men) in some African countries where conflict and/or violence is prevalent (i.e. Burundi, Democratic Republic of Congo, South Africa). Violence against women and children, including child sexual abuse, is widespread.

### Eastern Europe (including Central Asia)

Non communicable diseases are the most prominent cause of mortality and morbidity in the region with a substantially higher disease burden than in high income countries. The four leading diseases in the WHO Europe region (including Central Asia) are diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental health disorders. Nearly two thirds of all deaths at ages 15-59 are related to NCDs. Among children under 5, perinatal conditions are the first causes of mortality. Neuropsychiatric conditions, especially unipolar depression disorders, produce the greatest disease burden among adult women in Eastern Europe.

In terms of communicable diseases, Eastern Europe and Central Asia are the only regions in the world where HIV prevalence remains on the rise, with the highest prevalence found in Ukraine and Russia. Multi-drug resistant TB is a growing concern, and if unaddressed, may translate into higher mortality rates and greater health costs in the near future.

### Sub-Saharan Africa

Communicable diseases (malaria, HIV/AIDS, TB, diarrheal diseases, acute respiratory infections, neglected tropical diseases), chronic malnutrition and acute under nutrition are the leading contributors to death and disability in Sub-Saharan Africa. The region still has the highest global maternal mortality and morbidity rates. Major direct causes are severe bleeding, infections, high blood pressure, and unsafe abortions. Non-communicable diseases such as cardiovascular diseases and respiratory tract diseases are on the rise and represent a growing public health threat.



# 4 Objectives

## The overall goal of SDC's cooperation in health is to improve population health with a special focus on poor and vulnerable groups

Improving the health status of a population provides opportunities for improved livelihoods and well-being and thus reduces poverty and vulnerability.

The SDC health portfolio is defined based on global and local contextual assessments, the needs of SDC partner countries, SDC's technical experience and expertise, as well as Switzerland's own interests and foreign policy.

SDC works in low- and middle-income countries, in stable and fragile contexts and in transition economies. In case of natural disasters or complex emergencies, SDC humanitarian aid provides assistance to the affected population to save lives, alleviate suffering and prevent longer-term consequences. Transversal themes such as gender, governance and HIV are mainstreamed in SDC health interventions to ensure their integration into strategies and activities.

Health promotion, prevention, care and rehabilitation are programmatic dimensions of SDC's bilateral work and multilateral contributions. They are systematically adapted to the specific national and regional contexts. In general, SDC puts strong emphasis on preventive care and health promotion activities.

## Thematic Priorities

To achieve the aforementioned goal, SDC focuses its efforts on three specific priorities:

### 1. Strengthen health systems to extend universal coverage

- Health systems strengthening entails identifying and addressing key constraints related to service delivery, the health workforce, health financing, governance and management, the availability and quality of infrastructure, equipment, medical products and technologies as well as information. Interventions should always be aligned with national policies and priorities and their design and implementation done in coordination with other stakeholders. The SDC support to health sector reform processes is based on thorough assessments and monitoring processes of the political, economic and social contexts. In its programmes, SDC focuses especially on the primary and secondary health care levels (which serve the majority of a national population and can respond to most health problems), the public sector (as it is the main recourse for the poor) and the support to relevant public-private partnerships.
- SDC strives to expand access to quality essential services (preventive and curative) with a special focus on the needs of poor and vulnerable populations (pro-poor targeting). The focus is on attaining equitably distributed health facilities with qualified staff, adequate resources (medicine, supplies and equipment), support for the provision of ethical and evidence-based policy making and quality assurance systems. Innovative financing and payment mechanisms (social health protection) will need to be further developed.



- › SDC ensures community participation and empowers users (demand side). Health promotion and empowerment initiatives are supported at the level of communities, service users and disadvantaged groups. The involvement of service users reduces access barriers to relevant health services and lead to better health outcomes.
- › Supporting social accountability within the health sector will empower users to know their rights and claim them. In the long run, this will lead to quality health services that are locally adapted, gender sensitive, linked to a life-cycle approach, and that provide confidential and non-discriminatory services.

## **2. Reduce the burden of communicable and non-communicable diseases**

- › Global, national and local capacities are strengthened to reduce the morbidity and mortality related to communicable diseases such as HIV and AIDS, malaria and tuberculosis as well as to achieve and/or sustain high levels of immunization. Other communicable diseases such as diarrhea or acute respiratory infections (pneumonia) are also prioritized, as they are major causes of mortality among under 5 children in low-income countries. Neglected tropical diseases affecting the poorest quintiles of society remain a priority for SDC.
- › Prevention of non-communicable diseases such as cardiovascular and respiratory diseases, cancer, diabetes and others (and their corresponding risk factors as e.g high alcohol and tobacco consumption) are a SDC priority at the country and regional level. SDC strategies focus on the promotion of healthy lifestyles, disease prevention, locally adapted community-based approaches, and multisectoral collaborations to support policies of relevant government sectors and the creation of supportive environments. Mental health is mainly addressed through reforms that improve community-based mental health services.

- › Throughout its programming, SDC promotes a multisectoral and systemic approach, including the mainstreaming of HIV and AIDS. SDC promotes the integration of HIV and AIDS and sexual and reproductive health services. To mitigate the impact of the epidemic in countries with a high HIV prevalence, SDC prioritizes prevention activities, psychosocial support and social protection mechanisms.

## **3. Improve maternal, newborn and child health as well as sexual and reproductive health**

- › Switzerland recognises the right to sexual and reproductive health for all, including full reproductive choices for women, men and adolescents. The MDG goal of reducing maternal and child mortality is a priority issue for Switzerland.
- › To further curb maternal and neonatal mortality, access to quality reproductive health services must be expanded, including post-natal care for both mothers and newborns in the first week following delivery. Quality services must include comprehensive obstetric and neonatal care, family planning, as well as the prevention of unsafe abortions and gender-based violence. To improve the health of mothers and newborns, special attention is also given to the provision of gender- and age-appropriate sexual and reproductive health services as well as the promotion of community involvement.
- › Measures to further accelerate the decline of child mortality must additionally include complementary approaches such as improved child nutrition and hygiene practices, the prevention of water-borne diseases and the prevention and treatment of major childhood diseases. Improved routine data collection and the use of performance indicators must accompany these endeavors.
- › SDC promotes multi-sectoral approaches to address both systemic and social determinants impeding access to quality health services.



# 5 Implementation Principles

The following key implementation principles govern SDC health programmes:

- Use systems thinking and integrated approaches to address complex health challenges, to achieve comprehensive and quality provision of services that respond to the needs of local populations. Results should be specifically assessed to ensure poor and vulnerable populations access health services.
- Promote and foster adequate leadership, ownership, governance, transparency and partnerships at national and global level.
- Contribute to efficient task-sharing between the numerous actors working in the field of health; and align SDC plans with health priorities in partner countries. The principles laid out in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action provide an action-oriented roadmap to improve the quality of aid and its impact on development
- Promote research and the use of data to strengthen evidence based interventions and policy making, foster results dissemination and initiate innovative approaches for scaling up.
- Where appropriate, use sex-disaggregated data and conduct context-specific gender and socio-economic analyses to effectively address inequalities regarding health status, and access to resources and services.
- Provide capacity building and technical support to strengthen the technical and managerial skills of local institutions; promote regional collaboration (South–South or East-East), tripartite collaboration and North–South/East collaboration.
- Strengthen capacities for health beyond the health sector and foster intersectoral collaboration and coordination to address the social determinants of health.
- Promote the prioritisation of public health within partner countries and at a global level to strengthen equity and universal health coverage. The role of the private sector in the overall health system should always be carefully assessed.
- Ensure SDC health programmes contribute to peace/state building, with the inclusion of the “do no harm” principle.



SWAZILAND

SURINAME

SUISSE

SUEDE

# 6 Instruments and Partners

SDC interventions are implemented through various modalities, such as bilateral projects and programmes, contributions to national systems, voluntary core contributions to multilateral organizations, multi-bi programmes, contributions to international and Swiss NGOs and networks, secondments and public-private development partnerships. Synergies between the different partners and instruments aim to enhance coherence and effectiveness of interventions.

The provision of emergency, recovery as well as medical assistance to victims of natural disasters or conflicts is covered under the humanitarian aid portfolio. The establishment of a continuum between emergency relief and development cooperation for health is part of bilateral and multilateral endeavors.

## 6.1 Bilateral Cooperation

With its extensive and long term experience in bilateral health cooperation and its reputation for reliability, flexibility, and technical know-how, Switzerland has strong comparative advantages in bilateral health cooperation.

At the country level, SDC generally collaborates with a wide range of governmental (i.e. ministries and local governments) and non-governmental partners (NGOs and civil society groups, private sector, research/training and development institutions, as well as communities). SDC implements programmes in a wide range of modalities. If the required conditions are fulfilled by a national government, SDC channels funding directly to the government through direct sector budget support.

SDC also directly implements programmes in particular in humanitarian contexts, where the existing system cannot deliver the necessary services. Interventions substituting existing systems are thus temporarily justified; the emphasis is then to save as many lives as possible in a short amount of time. Thus, mid-and long term perspectives to promote sustainability through a "relief to development continuum" are part of SDC humanitarian strategies right from the onset of any intervention.

Indeed, in fragile contexts, SDC aims to link the humanitarian approach with longer-term development perspectives. In more stable contexts, SDC supports the existing systems through a programme-based approach.

Research on health outcomes, trends and the health systems build an important evidence base for steering, decision making and monitoring of interventions.

## 6.2 Multilateral and International Cooperation

In fulfilling its mandate as a global development actor and a member state of the United Nations and International Finance Institutions such as the World Bank, IMF and Regional Development Banks, Switzerland contributes to multilateral and global efforts to improve health standards and to ensure that governments' budget allocations for health can meet the respective countries' essential needs. SDC supports and interacts with numerous multilateral institutions<sup>2</sup> and global health initiatives<sup>3</sup> as well as international NGOs<sup>4</sup>, research centres for development<sup>5</sup>, and public-private partnerships<sup>6</sup>. SDC's cooperation with multilateral and global organisations is complementary to its bilateral interventions. Many multilateral partners have long-standing experience and well-known competencies in specific health areas (i.e., UNICEF in child health; UNFPA in maternal, sexual and reproductive health; UNAIDS and GFATM in communicable diseases, WB in health financing).

The role of SDC on the boards of various multilateral organisations and in multilateral negotiations can be defined as follows:

- To contribute to the overall goal of the SDC Health Policy
- To focus on the thematic priorities of the SDC Health Policy
- To respect, whenever possible, the implementation principles of the SDC Health Policy
- To strive to improve coherence between and among multilateral and bilateral engagements and to work on synergies

SDC will continue to strengthen its capacities through multi-bi projects, secondments and other capacity building exchanges. A lesson-learning approach to assess the performance of multilateral organisations (at headquarter and country level) will be promoted.

## 6.3 Health Policy Dialogue at Global Level

In the past decades, public health issues have gained importance as global socio-political concerns with important economic implications. Switzerland is a well-recognized actor in the global health policy dialogue and plays the role of change agent in many settings.

Global health issues need global actions that are debated and addressed internationally and nationally. Up until today, the engagement of SDC in multilateral policy dialogue has consisted of technical input through lessons learnt from SDC country experience, in a bottom-up perspective. This will continue to be prioritized in close collaboration with other federal offices (see Swiss Health Foreign Policy) and other SDC global programmes. SDC will base its engagement in global policy dialogue on the following criteria:

- Issues needing collective global action
- Issues where SDC has a comparative advantage and track record to shape the global policy dialogue
- Issues which are within the SDC mandate and in the Bill of Parliament
- Issues in which SDC has existing strategic partners and thematic competences
- Issues which are highly relevant to support poor and vulnerable populations
- Issues in which innovative approaches and partnerships can lead to effective solutions

It is the objective of SDC Global Health interventions to increase its presence in the global policy dialogue. These interventions must contribute to the overall SDC health sector goal and must be in line with the specific objectives of the SDC Health Policy.

The Swiss Health Foreign Policy defines the common objectives of Swiss actors and presents collaboration channels in the area of public health, to improve synergies and coherence for global health policy dialogue. The voice of SDC in the global policy dialogue is of utmost importance to maintain its development and humanitarian aid credentials and role in closing the increasing global health gap.

2 WHO, UNAIDS, UNFPA, UNICEF, UNDP, World Bank, Regional Development Banks, WFP, etc.

3 GFATM, P4H.

4 IPPF

5 HRP, TDR, SDC-SNF Research Fund (R4D), etc.

6 MMV, DNDi, etc.

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